DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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that the action of the commence of the contract of the contrac

| 1 - STATE REGISTRAR | DEPARTM | CERTIFICATE OF DEATH | 7 9 - | -13107 |
|--|--|--|--|---|
| 1. DECEASED NAME FIRST (TYPE OR PRINT) Mabel | Florence | Barr | May 7, 1979 | DAY YEAR 2b. HOUR |
| Female | A RACE White | S. DATE OF BIRTH May 4, 1894 | 6. AGE (IN YEARS LAST BIRTHDAY) 85 | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS MOURS MIN |
| 76 BIRTHPLACE STATE OR FOREIGN COUNTRY) West Virginia | 76. CITIZEN OF WHAT COUNTRY? U.S.A. | MARRIED NEVERMARRIED WIDOWED DIVORCED | Mashington | |
| Hagerstown | | ounty Hospital | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIE HOUSEWITE | 126 KIND OF BUSINESS OR INDUSTRY |
| | other institution, give residence before RTY Ington Smithsb | urg 13d INSIDE CITY LIMITS? | Rt. I, Smith | sburg, Md. |
| Benjamin | Sowers | Sarah | Virginia | Bradley |
| 160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, GIVE | THE COLOR STREET | 3943 Alfred Her | neberger, Rt. | 1, Smithsbur |
| Conditions, if ony, which gove rise to immediate cause 10, stating the underlying cause lost | DUE TO, OR AS A CONSEQUE | NCE OF NCE OF | | MIN. |
| No. DATE OF OPERATION | abets hell | DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED | 20a AUTOPSY? 20b. IF YES | S, WERE FINDINGS USED FYING CAUSES OF DEATH? |
| V 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CASE OF DEA | 21b. TIME OF INJURY HOUR A.M. MONTH DA | | YES NO YE | ES NO PART 2) |
| GIF ETHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA | ARM, ETC.) 211 LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| 220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (met taid) (did not 22b. SIGNATURE | tol) attended the deceosed from 19 | , obtained in (my) (such apinion DEGREE | deoth occurred on the date and hou | or and from the couses stated 22c. DATE SIGNED |
| 22d. PHYSICIAN'S NAME (TYPE OR | R PRINT) | ATTENDING PHYSICIAN [| MEDICAL STAFF DIRECTOR PHYSICIAN | 178/79 |

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 shows any

Haven Funeral Chapel, Inc., Hag.,

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial May 10,1979

23b. DATE

236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION PROST Wash. 51ATE Md.

REGISTEAR 256. RESTAURANTS SUPPORT

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician must be natified at once.

| | STATE OF MARYI |
|-----|--------------------------|
| FOR | DESARTMENT OF HEALTH AND |

415 East Wilson Blvd., Hagerstown, Maryland 21740

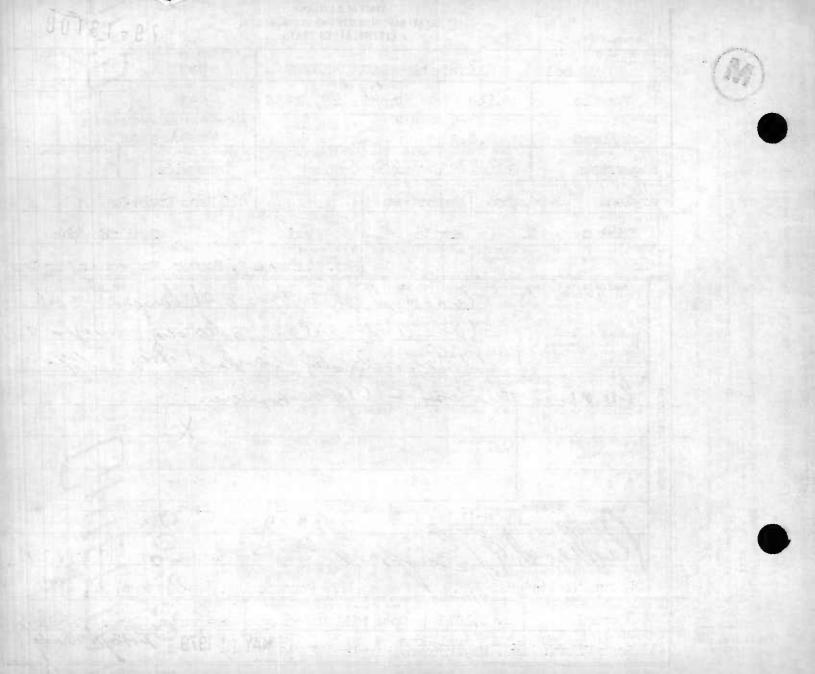
AND

| ı | 1 - STATE | DEPA | | EALTH AND MENTAL HYG | IENE 7 O | -13108 |
|---|--|--|-------------------------|---------------------------------------|--|---|
| L | REGISTRAR | | | CATE OF DEATH | REG. NO. | 1010 |
| | 1. DECEASED NAME FIRST (TYPE OR PRINT) Mabel | Elizabet | | MGARDNER | May 4, | 1979 |
| | 3. SEX Female | White | 5. DATE O | F BIRTH 1 25, 1886 | 6 AGE (IN YEARS LAST BIRTHDAY) 93 | IF UNDER 1 YEAR IF UNDER 24 HRS |
| l | 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF WHAT COUNT | TRY? 8 MARRIED | NEVER MARRIED | Mashingto | |
| 1 | 10 CITY OR TOWN OF DEATH Hagerstown | 11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S' COLTON VILLA) | IRSING HOME O | ROTHER INSTITUTION Center | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING housewife | 126. KIND OF BUSINESS OR INDUSTRY |
| _ | | | TOWN I | 13d Inside City Limits? Yes 🚰 NO 🗍 | 36 STREET ADDRESS 414 East Irvin | Avenue |
| | | W. Hartle | e | 15. MOTHER'S MAIDEN NA/ Mazie | Sch | ildtknecht |
| | 160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) IF YES, GIVI | RMED FORCES? 166 SOCIALS | SECURITY NO. | 17 INFORMANT Mrs. Kathryne | e S. Hoover, Hag | gerstown, Maryland |
| | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT (IN DATE OF OPERATION) | CONDITIONS CONTRIBUTING | EQUENCE OF CONTRACT BUT | left lang | YES NOW IN CERT | ES, WERE FINDINGS USED THYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |
| | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. IF EITHER, NOTIFY MEDICAL EXAMINER; 21d. INJURY OCCURRED WHILE AT WORK AT WORK | | 19 | 211 LOCATION STREET | RED (ENTER NATURE OF MJURY IN ITEM 18 | COUNTY STATE |
| | 220.1 certify that (1) (1) (1) XXXX son the deceased alive on group (1) YXXXX and the deceased alive on group (1) YXXXX and the deceased alive on group (1) XXXX and the deceased alive on group (1) XXXX and the deceased alive of the deceased a | OR PRINT) | om 31 Ma 19 79 on | AHENDING PHYSICIAN 226 ADDRESS | | 7 May, 1979 |
| | 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 23b. DATE May 7,1979 | | METERY OR CREMATORY III Cemetery | 23d LOCATION CITY OR TOWN Hagerstown, W | county STATE |
| | 415 East Wilson | nich Funeral. He Blvd., Hagersto | ome wn, Mary | | AY 1 1 1979 REGISTRAR 256. | Hoy Hollandy |

BP. DHMH-16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral should be detached for use as the busiol-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 with the State Dept of Health and Mental Hygiene prior to busiol, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows any injury, or other troumotic event, the medical exam



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dishauld be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, ar other traumatic event, th

IMPORTANT: If Item 21 is marked or Item 18 shows any

| 1 | | |
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| | Page 4 may be | (|
| | deoth. | |
| S, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | ures that the death certificate be executed within 24 hours after death. Page 4 may be | |
| STON ST. | eoth certif | |
| V. PRE | the d | |
| S, 201 W | irres that | |

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13109

| REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. | NO. | | |
|--|-------------------------|----------------------------------|--|---------------------------------|----------------------|---|-----------------|----------------------------------|
| I. DECEASED NAME | FIRST | WIDDIE | į | AST | 20. DATE OF DEATH | MONTH I | DAY YEAR | 26 HOUR |
| | Edward | Monroe | I | Bearinger | May 29, | 1979 | | 8:25 pm |
| 3 SEX | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LAST | | IF UNDER 1 YEAR | |
| Male | W | hite | Oct. | 29, 1887 | 91 | YRS | MONTHS DAYS | HOURS MIN |
| To. BIRTHPLACE (STATE OR | FOREIGN 76 CITIZE | N OF WHAT COUNTRY | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | OR COUNTY | OF DEATH | |
| Maryland | | USA | WIDOWE | | Washin | gton Co | untv | MD. |
| O CITY OR TOWN OF DE | | AE OF HOSPITAL, NURSI | | OR OTHER INSTITUTION | 120 USUAL OCCUPA | ATION | 12b. KIND C | OF BUSINESS OR |
| Hagerstown | | TMAN HOME T | | Aging | Apartmen | | | |
| USUAL RESIDENCE (IF NUE | | | RE ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRES | | | |
| Marvland | Washingt | | | YES NO | 149 N. | | Street | t. |
| 4 FATHER'S NAME | | | 01112 | 15. MOTHER'S MAIDEN NA | ME | | 20200 | |
| Josiah | WIDDLE | Bearin | ger | Nancy | WIDDLE | | Wallac | h h |
| 60 WAS DECEASED EVEL | R IN U.S. ARMED FOR | CES? 166 SOCIAL SEC | The state of the s | 17. INFORMANT | ADI | | | |
| (YES, NO OR UNKNOWN) | (IF YES, GIVE WAR OR DA | | 758_4 | Joseph W. Bes | ringer n | I/-B N. | Delawa | |
| | TH (Enter poly pee co) | use per line for (a), (b), a | | leogopii a. Dec | LI TIIGOT P | aulsbor | O N J | MATE INTERVAL ONSET AND DEATH |
| | VAS CAUSED BY: | 0 | | amaat | | | BEIWEEN | ONSET AND DEATH |
| 4/14/ | IMMEDIATE CAUSE | | | arrest | | | | |
| Conditions, if on | | TO, OR AS A CONSEOL | | clerotic Heart | Discours | | 2 | |
| gove rise to im | mediate | | | STEPOLIC REAL | DISEASE | | 1 | |
| couse (a), state underlying cous | | TO, OR AS A CONSEOU | JENCE OF | | | | | |
| PART 2 OTHER SIG | NIFICANT CONDITIO | NS CONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | NDITION GIV | EN IN PART 10 | (0) |
| | | ular arteri | | | III AL DISEASE ON CO | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | EI II II AKI II | |
| 4 19a DATE OF OPERA | | CONDITION FOR WHICH | | | 200 AUTOPSY? | 20b. IF YES | , WERE FINDI | NGS USED |
| ZO GE 19a DATE OF OPERA 21a. ACCIDENT WAS UK | | | | | YES NO | | YING CAUSES | S OF DEATH? |
| 210. ACCIDENT WAS UN | | TIME OF INJURY | | 21c. HOW INJURY OCCURE | | | | .,0 [|
| OR CONTRIBUTION | CAUSE OF DEATH | UR A.M. MONTH | | | | | | |
| (IF EITHER, NOTIFY MEDI | | PLACE OF INJURY | 19 | 21f. LOCATION | | | | |
| | VHILE (AT H | OME, STREET, FACTORY, OFFICE, | FARM, ETC.) | STREET | CITY OR | OWN | COUNTY | STATE |
| 22m) continue to at W |) (thurburnital) attac | ded the deceased from, May 23 | Au | net 5 10 75 | to May | 20 | 19 79 | that (I) the last |
| sow the deceo | sed alive an | May 23,19 | 79 | nd that in (my) (aux) opinion (| | date and hou | , | |
| obove, (1) (was | did) (d d not view the | body ofter deoth. | | DEGREE | | | 22c DATE | |
| 10-1 | 0.11 | 10 | | ATTENDING | | TAFF | | |
| 22d. PHYSICIAN'S N | IAME (TYPE OR PRINT) | Homen | - | PHYSICIAN D | DIRECTOR PHY | SICIAN | 2-7 | 29-79 |
| III - Lander | | W.D. | | | 17 1 | | 242 | 01010 |
| Z36. BURIAL CREMATION | A. Hoffman | | NIAME OF C | 1147 Oak Hi | 123d LOCATION | gerstow | m, Md. | 21740 |
| (SPECIFY) | | | | | CITY OR TOWN | orm Was | COUNTY | STATE |
| Burial | 0/ | 2-79 R | ose Hi | 11 Cemeterv | Hagerst | OMIT ME | enruggo | n Ma |

DHMH - 16 50M 1/76 (VR A 15 (4))

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O HOSPITAL OR ATTENDING PHYSICIAN, The law req

retained by the haspital ar attending physician

24 FUNERAL DIRECTOR A.K. Coffman Funeral Home, Inc. Hagerstown, Md.

6-2-79

Rose Hill Cemetery Rag D. By REGISTRAR 256. REGISTRAR SOOT

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I DECEASED NAME YEAR 26 HOUR / TYPE OF PRINTS RANCIS VINCENT BILL 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS HOURS 1905 7d BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED MARYLAND WASHINGTON WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAGERSTOWN WESTERN MD STATE CONSTRUCTION EALTH LNTR OPERATOR DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION COUNTY 13e STREET ADDRESS 13a STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? BALTO, 3101 MD HARVIEW 14 FATHER S NAME 15. MOTHER'S MAIDEN NAME E. BILDSTEIN MARTIN DOSEPH MARY 160 WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Bildstein - 3101 Harview No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per lyse for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AN A CONSEQUE Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR A GONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g CERTIFICATION g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206. IF YES, WERE FINDINGS USED be ă. IN CERTIFYING CAUSES OF DEATH? per YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from DIRECTOR hospita sow the deceosed alive an. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED 100 ATTENDING MEDICAL STAFF should be dete with the Stote IMPORTANT: I PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Sho 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) B SALTO STATE RK WOOD URIA NEUNERAL DIRECTO 25g. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VR A 15 (41)

01101-27 A CONTRACTOR OF THE STATE OF TH A MARKET FOR THE PARK TO SHE AND A THE STATE OF THE PARK The state of the second second

| | 1. | FOR STATE REGISTRAR | DEPART | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE Reg. N | 79- | 131 | 11 |
|---------|---------------|---|--|-------------|---|--|--------------------|-------------------------|-----------------|
| | | CEASED NAME FIRST | MIDDLE | L | AST | 20. DATE OF DEATH | MONTH DA | AY YEAR | 26 HOUR |
| 2.1 | ,,,,, | Susan | Beryl Bo | sche | rt | May 16, . | 1979 | | 2:10 An |
| | 3. SE | | 4 RACE | 5 DATE C | | 6. AGE IN YEARS LAST BIRT | | F UNDER 1 YEAR | IF UNDER 24 HRS |
| 177 | | Female | White | 10- | 14-1904 YEAR | 74 | YRS. | ONTHS DAYS | HOURS MIN |
| | 7a. BI | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | D NEVER MARRIED | 9. BALTIMORE CITY C | | OF DEATH | |
| 50 | | Indiana | USA | WIDOWE | | Washingt | on | | M |
| 00 | 10 C | Hagerstown | 11. NAME OF HOSPITAL, NURSIT IF NOT IN SUCH FACILITY, GIVE STREET 21 N. Coloni | NG HOME C | OR OTHER INSTITUTION | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF THE PROPERTY OF | | 12b. KIND O INDUSTRY | ital |
| 35 | 13a S | TATE 13b COUN | ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOW NING TONHAGERS | M | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS 21 N. CO. | lonia | l Driv | ve |
| 2/3 | 14 FA | THER'S NAME | Smith LAST | | 15 MOTHER'S MAIDEN NA | | | mbly | т |
| 7 | 16a V | VAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRI | | | wa Ma |
| 1 | | (IF YES, GIVI | E WAR OR DATES) 218 50 | 3493 | Richard L. | Boschet | 452 N | ersto | onial |
| | | | nly one couse per line far (a), (b), ar | | | | | | MATE INTERVAL |
| | ATION | underlying cause lost PART 2 OTHER SIGNIFICANT (| (c)CONDITIONS CONTRIBUTING TO | | | INAL DISEASE OR CON | | N IN PART 110 | |
| 2 | CERTIFICATION | | | · Or EKATIO | | YES D NOW | IN CERTIFY YES | ING CAUSES | OF DEATH? |
| 7 | | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | | AY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJUI | LY IN ITEM 18, PAR | RT 1 OR PART 2) | |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | FARM, ETC.) | 211. LOCATION STREET | CITY OR TOV | M | COUNTY | STATE |
| | 1 | 27a I certify that (1) (this haspi saw the deceased alive an | otol) attended the deceased from 19 | | nd that in (my) (our) opinion of | deoth accurred on the de | te and haur | | |
| | | Tomat 90 | hangto poo | | ATTENDING PHYSICIAN | MEDICAL STA | IAN [] | | 7-79 |
| A CKIAN | | 22d. PHYSICIAN'S NAME THE | series (| | 22e ADDRESS | | | | 1 |
| | 23a. | BURIAL, CREMATION, REMOVAL Burial | | | emetery or crematory ill Cometer | y Hagerst | | Maryl | and STATE |
| | 24 F | uneral director erald N. Min | 305 AN Hagerst | Potom | | E REC'D. BY REGISTRAR | | | |

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TO FUNERAL DIRECTOR: After this certificate has been signed by the othending physician and completely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 and 2 should be filed within 72 him with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| _ | | FOR |
|---|---|--------|
| 1 | - | STATE |
| | | REGIST |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13112

| Hagerstown Washington Co. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113d STATE 113b COUNTY Md. Washington Hagerstown 12s STATE 13s STATE 13s STATE 13s STATE 13s STATE 13s STATE 13s STREET ADDRESS 139 N. Cannon Ave 14 FATHER'S NAME FIRST John S. Bowers Sadie M. Your 16u WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Sadie M. Your 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST ADDRESS 139 N. Can YOUR 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE F | IF UNDER 24 H |
|--|--------------------------------|
| Charles E. Bowers May 23 1979 3 SEX | IF UNDER 24 H |
| 3 SEX Male White White April 22 1905 74 YEAR April 22 1905 75 GITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington Co. 10 CITY OR TOWN OF DEATH Hagerstown Washington Co. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) 13 STATE 13 COUNTY Md. Washington Co. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) 13 STATE 13 COUNTY Md. Washington Co. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORE ADMISSION) 13 STATE 13 COUNTY Md. Washington Washington Washington Washington Washington Washington Washington 13 INSIDE CITY LIMITS? 13 STATE 13 N. Cannon Ave 14 FATHER'S NAME FIRST MIDDLE LAST BOWERS Sadie M. YOU 16 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 212-14-7597A Miss Edna Bowers Hagerstown, Md. PART DEATH WAS CLESSED BY THAT DEATH WAS CLESSED BY THE WAS CLE | IF UNDER 24 H |
| Male White April 22 1905 74 yrs 76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED DIVORCED Washington Co. 10 CITY OR TOWN OF DEATH Hagerstown Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION Washington Co. Hospital USUAL RESIDENCE (IF NUTSING HOME OR OTHER INSTITUTION WAS INSTITUTION WA | DF BUSINESS |
| 76. BIRTIMPLACE (STATE OR FOREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Washington Co. 10. CITY OR TOWN OF DEATH Hagerstown | DF BUSINESS |
| Md. U.S.A. WIDOWED DIVORCED Washington Co. 10 CITY OR TOWN OF DEATH Hagerstown Washington Co. Hospital, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY. ONE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 131 COUNTY 131 COUNTY 131 COUNTY 132 CITY OR TOWN 133 IN SIDE CITY LIMITS? 139 N. Cannon Ave. 14 FATHER'S NAME FIRST John S. Bowers 15 MOTHER'S MAIDEN NAME FIRST Sadie M. YOU 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160 SOCIAL SECURITY NO 212-11-7597A Miss Edna Bowers Hagerstown, Md. 14 CAUSE OF DEATH (Enter unit) and course part limit for 10). (b) dead it | DF BUSINESS |
| II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Hagerstom Washington Co. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE STREET ADDRESS). Washington Washington Co. Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. CITY OR TOWN Washington Co. Hospital Labor USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) III. CITY OR TOWN III. CITY OR TOWN III. STREET ADDRESS III. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Sadie M. YOUR III. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Sadie M. YOUR III. CAUSE OF DEATH (Enter unit), don't course part limit for 100, cb. standard. III. CAUSE OF DEATH (Enter unit), don't course part limit for 100, cb. standard. III. CAUSE OF DEATH (Enter unit), don't course part limit for 100, cb. standard. III. CAUSE OF DEATH (Enter unit), don't course part limit for 100, cb. standard. | DF BUSINESS |
| Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 137 CITY OR TOWN 137 INSIDE CITY LIMITS? 138 STREET ADDRESS 139 N. Cannon Ave. 14 FATHER'S NAME FIRST John S. Bowers Sadie M. YOU 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 161 SOCIAL SECURITY NO 212-11-7597A Miss Edna Bowers Hagerstown, Md. 14 CAUSE OF DEATH LEHER UPLY ADMISSION COME DATE (INC.) 15 MOTHER'S MADDLE FIRST ADDRESS 139 N. Can 17 INFORMANT ADDRESS 139 N. Can 18 CAUSE OF DEATH LEHER UPLY ADMISSION COME DATE (INC.) 18 CAUSE OF DEATH LEHER UPLY ADMISSION COME DATE (INC.) 18 MOTHER'S MADIEN NAME FIRST MIDDLE 18 MOTHER'S MADIEN NAME FIRST ADDRESS 19 N. Can 19 Miss Edna Bowers Hagerstown, Md. | 17 |
| USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 139 N. Cannon Ave. 14 FATHER'S NAME FIRST John S. Bowers Sadie M. YOU 15 MOTHER'S MAIDEN NAME FIRST MIDDLE SAdie M. YOU 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 17 INFORMANT ADDRESS 189 STREET ADDRESS 180 Cannon Ave. 18 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Sadie M. YOU 212-11-7597A Miss Edna Bowers Hagerstown, Md. 18 Least of Death Letter and John Court part limit for 10), cb. draft (C.) | 57 |
| Md. Washington Hagerstown 14 FATHER'S NAME | , T |
| It father's name first middle Last Bowers Sadie M. Your Sadie No Care (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) It cause of death was calesed by | ST. |
| John S. Bowers Sadie M. Your Manager of the form of th | 57 |
| 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 139 N. Cat 212-111-7597A Miss Edna Bowers Hagerstown, Md. 18 CAUSE OF DEATH (Enter Day), does cover per line for Day to don't be sent to be and the part of Death WAS Caused by | nø |
| TE CAUSE OF DEATH (Enter anily and couse par line for (a), cb., and (c).) PART I, DEATH WAS CAUSED BY | nnon A |
| II. CAUSE OF DEATH (Enter and) and couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY | |
| PART I DEATH WAS CAUSED BY | MARTE PUTERVAL AND DAM YEAR |
| MMEDIATE CAUSE (a) | 4 /2 |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL THE ASE OR CONDITION GIVEN IN PART 10 | 0, |
| 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES 210. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | NGS USED S OF DEATH? |
| 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) | |
| OR CONTROLLED CONCERNS OF DEATH FOUR AM. MONTH DAY THAK | |
| 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION STREET CITY OR TOWN COUNTY | STATE |
| WHILE NOT WHILE AT WORK AT WORK | STATE |
| 220.1 certify that (I) (this beapital) attended the deceased from 5/14, 19/29, to 3/23, 19/29, | that (I) (we) |
| sow the deceased alive on 5/22 19 27, and that in (my) (and opinion death occurred on the date and hour and from the above, (I) (well did not view the body after death. | causes stated |
| 226. SIGNATURE DEGREE 22c. DATE | SIGNED |
| ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN STAFF 6/2 | 23/7 |
| 220 ADDRESS 239 N. Poromite 5 | TREE |
| JOHN R. MARSH, MD. HAGERSTOWN MD 21 | 740 |
| 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY | STATE |
| Burial May 25. 1979 Mountain View Sharpsburg Washington | n Md. |
| 24 JIH ALDIRECTOR 6 ADDRESS 50 S. Broad St. 250 DATE REC'D. BY REGISTRAR 251 SEGISTRAR 151 ADDRESS 50 S. Broad St. 250 DATE REC'D. BY REGISTRAR 251 SEGISTRAR 251 SEGISTRA | CLIDE |
| Maynesboro, Pa. 111 5 1979 | |

DHMH - 16 50M 1/76 (VR A 15 (4))

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EtiEL-01 eugova busievella . 2 Pot 1.2. 1.2. (32000000), 2.300 NY 3 Low Person, HECK. May also

| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer flagment should be deteched for use as the burial-transit permit. Then please remove corbon papers. Pages I and 2 should be filled within that with the State Dept. of Health and Mental Hygene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumotic event, the medical examiner must be notified at |
|--|
|--|

74 FUNERAL DIRECTOR Minnich Funeral Home 415 E. Wilson Blvd., Hagerstown, Md. 21740

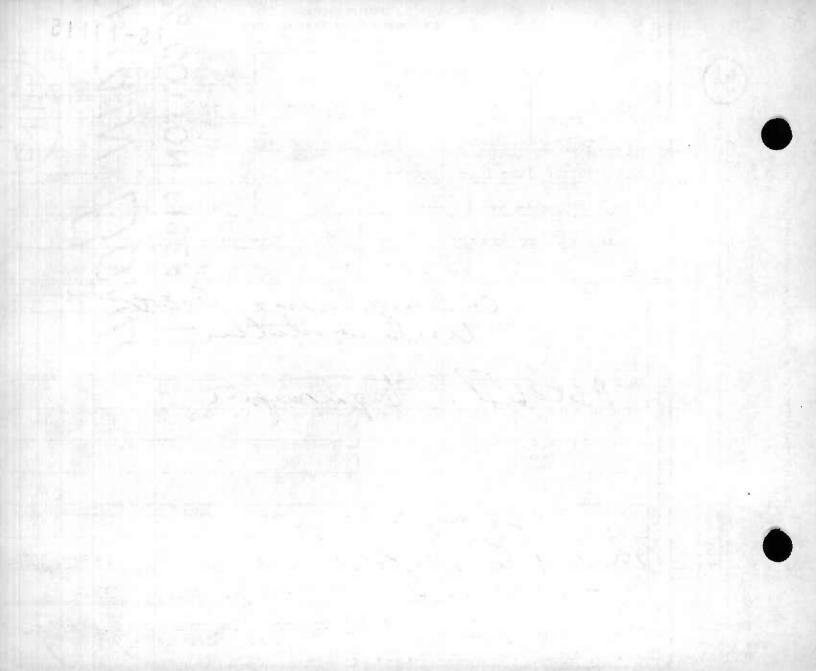
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13114

| REGISTRAR | | CEF | RTIFICATE OF DEATH | REG. NO. | 13 10. | in the second |
|---|---|--|---------------------------------|---------------------------------|----------------------------|----------------------------------|
| I. DECEASED NAME FIRST | | AIDDLE | LAST | | ONTH DAY YEAR | 2b. HOUR |
| Ida | Cel | ia BRE | EWBAKER | May 2, 19 | 979 | |
| 3 SEX | 4 RACE | | ATE OF BIRTH | 6. AGE (IN YEARS LAST BIRTHD | | IF UNDER 24 HRS |
| female | whit | | bruary 28, 1904 | 75 | YRS. DAYS | HOURS MIN |
| BIRTHPLACE (STATE OF FOREIGN COUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? 8 | RRIED ENEVER MARRIED | 9. BALTIMORE CITY OR | | |
| Pennsylvania | USA | | OWED DIVORCED | Washingto | on | MD |
| CITY OR TOWN OF DEATH | | HOSPITAL, NURSING HO | ME OR OTHER INSTITUTION | 12a. USUAL OCCUPATION | | OF BUSINESS OR |
| Hagerstown | Washing | ton County | Hospital | housewife | home | |
| | ME OR OTHER INSTITUTION. OUNTY Shington | GIVE RESIDENCE BEFORE ADMISS 136 CITY OR TOWN Hagerstown | 1 136. INSIDE CITY LIMITS? | 13e STREET ADDRESS 965 Linwo | ood Road | |
| 4. FATHER'S NAME | - | | 15 MOTHER'S MAIDEN NA | | | |
| Abraham Lin | | r | Emma Kay | Seilhammer | LA | ST |
| 60 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES | , ARMED FORCES? | 166 SOCIAL SECURITY N | | ADDRESS | | |
| No | | 220-58-3449 | Mr.William B | rewbaker,Sr. | ,Hagerstown | , Md. |
| 18 CAUSE OF DEATH (Ente | er anly one cause per | line for (a), (b), and (c) | | | APPROX BETWEEN | MATE INTERVAL ONSET AND DEATH |
| PART I. DEATH WAS CA | DIATE CAUSE (a) | adenoran | crowned lung | | 11 | 2000. |
| 1100 | | | 0 0 | | | |
| 1627 | | R AS A CONSEQUENCE O | OF . | | | |
| Conditions, if any, which | | | | | | |
| gave rise to immediate couse (a), stating the | 4 | AS A CONSEQUENCE |)F | | | |
| underlying cause lost | 1. | No ricorrot dotrice | | | | |
| PART 2. OTHER SIGNIFICA | NT CONDITIONS CO | NTRIBUTING TO DEATH | BUT NOT RELATED TO THE TERM | INAL DISEASE OR CONDIT | ION GIVEN IN PART 1 | 01 |
| Z | | | DOTTION NEED TO THE TENN | m ALDIGEAGE ON CONDI | TOTO CONCENTRATOR | |
| 196. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDI | TION FOR WHICH OPER | ATION WAS PERFORMED | | 106. IF YES, WERE FIND | |
| | | | | YES NO | N CERTIFYING CAUSES YES | OF DEATH? |
| 21a. ACCIDENT WAS UNDERLYING | 21b, TIME O | FINJURY | 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY II | | |
| 00 000 100 100 100 100 100 100 100 100 | | M. MONTH DAY Y | | LED (ENTER INDIONE OF BOOK! | TILM 10, PART 1 OR PART 25 | |
| (IF EITHER, NOTIFY MEDICAL EXAM | | И. | 19 | | | |
| (IF EITHER, NOTIFY MEDICAL EXAM | 21e PLACE (| OF INJURY EET, FACTORY, OFFICE, FARM, ETC | 211. LOCATION | CITY OR TOWN | COUNTY | STATE. |
| WHILE NOT WHILE AT WORK | l (Al Home, six | ELI, FACTORI, OFFICE, FARM, EN | | | 200111 | SIAIL |
| 22a.1 certify that (1) (this h | iospital) attended the | | 6-8 19.78 | _, to 5/ | 2 19 79 | that (1) (we) lost |
| sow the deceased alive | | | , and that in (my (aur) opinion | death occurred on the date | | |
| 22b. SIGNATURE | d not view the body | atter death. | DEGREE | | 22t. DATE | SIGNED |
| Reclined | E. Amil | Z ; M. D. | ATTENDING | MEDICAL STAFF | | |
| 22d. PHYSICIAN'S NAME (T | YPE OR PRINTS | 2 100.0. | 22e ADDRESS | DIRECTOR PHISICIA | N L | |
| Richard E. | | D. | | 1 Ave., Hager | retorm Md | |
| | | | | | TOCOWII, FIG. | |
| 3a BURIAL, CREMATION, REMO | | | OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| burial | May 5, | 1979 Cedar | Lawn Mem. Park | Hagerstow | n,Wash.,Mar | yland |
| 4 FUNERAL DIRECTOR Mi | nnich Fune | eral, Home | 25a. DAT | E REC'D. BY REGISTRAR 251 | RECOSTRAR'S SIGNAT | UNE . |

DHMH - 16 50M 7/77 (VR A I 5 (4))

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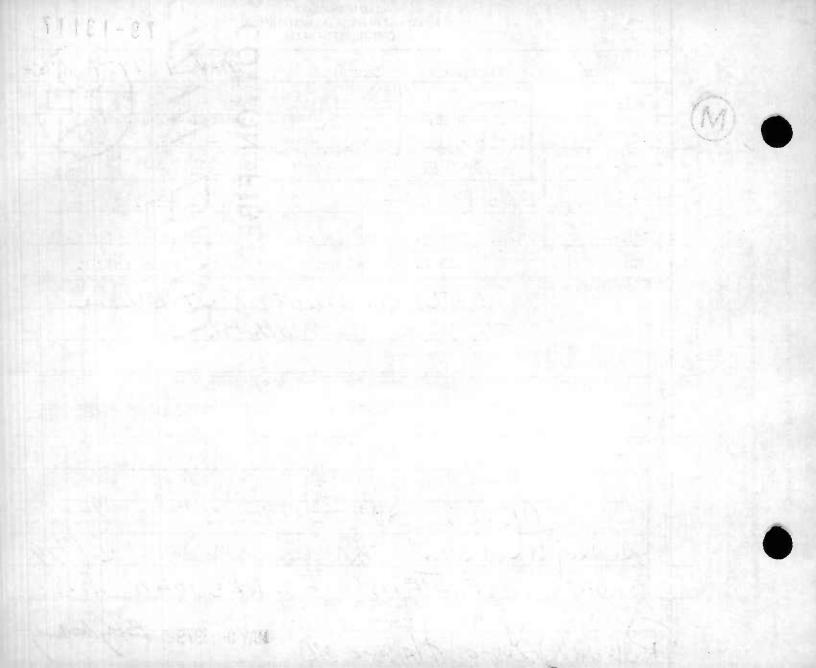
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Child maker our fact factors a research trackers

er es vas ur es livea

No.



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST MIDDLE 20 DATE OF DEATH MONTH YEAR 2b. HOUR Daunhentu lames 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1891 DAYS HOURS White BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Washington DIVORCED T WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Isst. Manager

U.S.A. Maruland 10. CITY OR TOWN OF DEATH Hazerstown

FIRST

Howard

FOR

REGISTRAR

I. DECEASED NAME

Male

To BIRTHPLACE (STATE OF FOREIGN

(YES, NO OR UNKNOWN)

gove rise to immediate cause (a), stating the

underlying cause last

190 DATE OF OPERATION

21d INJURY OCCURRED

226 SIGNATURE

(SPECIFY)

no

CERTIFICATION

8

- STATE

(TYPE OR PRINT)

COUNTRY

3. SEX

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1134 COUNTY
1136 CITY OR TOWN 13d. INSIDE CITY LIMITS? Maruland YES TOT. shinoton unkatown

4 RACE

4 FATHER'S NAME Bonjemin Franklin Daucherty 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

(IF YES, GIVE WAR OR DATES)

16h SOCIAL SECURITY NO 212-24-644

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

Alice 17 INFORMANT Mrs. Ethel F.

NO [

15 MOTHER'S MAIDEN NAME FIRST

> Virginia Daugherty (Item 13e)

Baltimone

13e STREET ADDRESS

Kitzmiller

18 CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if ony, which

DUE TO, OR AS A CONSEQUEN

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/6

200 AUTOPSY?

MEDICAL

DIRECTOR

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

21b. TIME OF INJURY DAY YEAR HOUR A.M. MONTH P.M. 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

216. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 23 211 LOCATION

ATTENDING

PHYSICIAN

CITY OR TOWN

NOZ

COUNTY STATE

22c. DATE SIGNED

NO F

STATE

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

230. BURIAL CREMATION, REMOVAL

sow the deceased alive on_

123b. DATE

220 I certify that (I) (this hospital) attended the deceased from

abave, (1) (we) (did) told not) view the body after death

23c. NAME OF CEMETERY OR CREMATORY

DEGRE

23d. LOCATION

STAFF

PHYSICIAN T

Greenlawn Memorial Pk. Buria 24 FUNERAL DIRECTOR Osborne Funeral Home P.O. Box 348 Wmspt.,

Williamsport Washington

DHMH - 16 50M 7/77 (VR A 15 (4))

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0

250. DAT

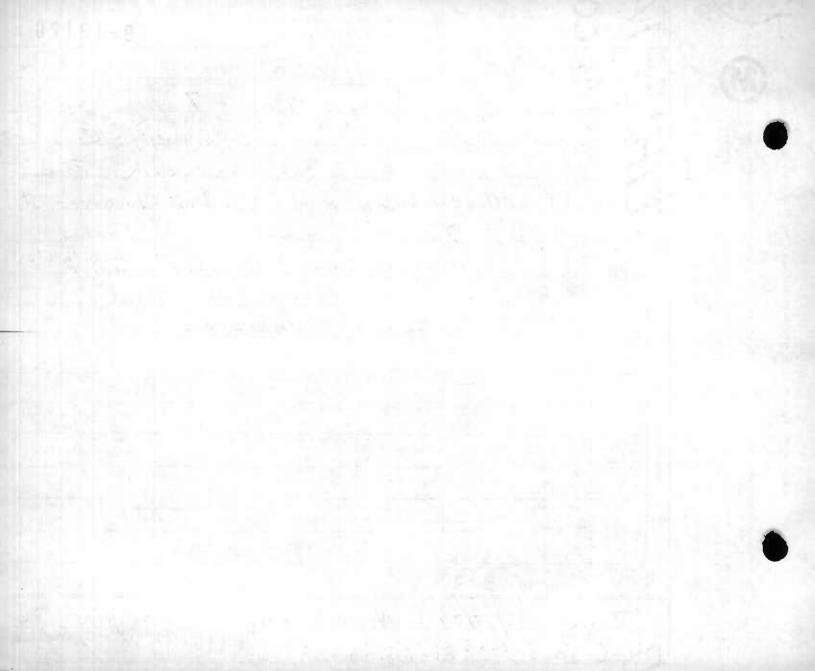
77e ADDRESS

The state of the s Color Pulmers Colors and the verter THE REPORT OF THE PERSON OF TH

| | | FOR | | | DEPART | | | AARYLAND | AI HYGIEI | NE | | | | |
|--|---------------|-------------------------------------|-----------------|-----------------------|---------------|----------------------|---------------|-----------------------|--------------------------|-----------------|--------------------|------------------|--------------------------|------------|
| | 1- | STATE REGISTRAR | | | | | | ERTIFICAT | | | REG. NO | 70 1 | 211 | 0 |
| - | | CEASED NAME | FIRST | | WIDDLE | | | LAST | | 2a. DATE | KNOWN IX | MONTH D/ | AY YEAR | 26. HOUR |
| 8 - S - | (TYI | E OR PRINT) | Aliw | | 77 | | D | 445 | | OF DEATH | MATED | MASI 7 | 301979 | 12/15 |
| UNERAL DIREÇ 1. FOR YOUR FILE WITHIN 72 HOUR 1. PRESTON STREE | 3. SE | I RACE | 0 | S. DATE OF BIRTH | YEAR | 6. AGE (IN Y | EARS IF UN | IDER I YR. IF UN | NDER 24 HRS | | | MONTH DI | AY YEAR | 2d. HOUR |
| PRESTON S | | FK | 7 | 10 26 | 95 | R4 Y | RS. MONTH | HS DAYS HOUR | RS MIN | PRONOU! DEAD | | AV 30 | 3 1979 | 1215 M |
| A4 - | | RTHPLACE (STATE OR REIGN COUNTRY) | Talle. | 76. CITIZEN OF WI | HAT COUN | TRY? | 8. MARRI | ED NEVER M | ARRIED [| 9. BALTIN | ORE CITY O | R DOUNTY O | | |
| - 1 m. Pk | | No Car | ATE | USA | | | WIDOW | ED DIV | ORCED | | | NH5H, | 110570 | |
| 19 | 10. C | | | 11. NAME OF HOS | PITAL, NU | RSING HOM | E, OR OTH | ER INSTITUTION | | SUAL OCCU | PATION (TYPE | OF WORK 126 | KIND OF BU OR INDUSTI | ISINESS |
| 1 | | Hagersto | | Washingt | | | | | 100 | usewij | _ | | lome | |
| Z | 13a S | IL RESIDENCE (IF IN NUR TATE | 3b. COUNT | OTHER INSTITUTION, GI | 13c. CITY | OR TOWN | ION) | 13d. INSIDE CITY LIMI | TS? 13e. ST | REET ADDRE | ESS | | | |
| 0 | | Maryland | U | 95h. | Boor | sboro | | | | Route | 1 | | | |
| | 14. F/ | ATHER'S NAME FIRST | | WIDDIE | Wrig | LAST | | 15. MOTHER'S M | IAIDEN NAM rza | VE M | AIDDLE | Patri | C LAST | O ST |
| 6 | 160 \ | VAS DECEASED EVER I | NIIS ADAA | ED EODOES2 | | IAL SECURI | IV NO | 17. INFORMANT | 124 | | ADDRESS | Tacii | LCK | 10 |
| 1 | {Y | | (IF YES, GIVE W | | | | | | | | | | | |
| ١ | - | NO 18 CAUSE OF DEATH | 1 (F=1 | | | 46-49 | 33 | Charles | B. D | avis | Sterli | ing Par | ck. Va | |
| | 13 | PART I DEATH WA | AS CAUSED | BY: | for (a), (b) | , ond (c).) | 1 | | | | | - | BETWEEN ONSE | TAND DEATH |
| | 1000 | 4869 | IMMEDIATI | CAUSE (o) DUE TO. OR | AS A CON | ISEQUENCE | 1 | STHING | | - | V- II | | dry5 | |
| | / | Conditions, if or | | | | | | | | | | | | |
| | | gove rise to i couse (o) stating | | DUE TO, OR | AS A CON | SEQUENCE | OF | | | | | | | |
| | | lying cause lost. | | (c) | | | | | | | | 3.0 | | |
| | | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO DEATH | BUT NOT RELA | TED TO THE TEN | MINAL DISEASE | OR CONDITION GIVEN | IN PART 1 (a). | | | | | |
| | CERTIFICATION | | | | | 2-1-1-1 | | | | | | | | |
| į | CAT | 19a. DATE OF OPERAT | / | | TION FOR | WHICH OPE | RATION W. | AS PERFORMED? | | | F-14-31 | 20 | 0 AUTOPSY? | |
| | RTIF | 216 EXTERNAL CAUSE | 8 79 | 21b. TIME OF | Su t | durn | 1 110 | 44 BLa | - | | | 200 | YES 🗆 | NON |
| à | | UNDERLYING SO | R | HOUR | | DAY YEA | R 21c. HC | OW INJURY OCCU | URRED (ENTER | R NATURE OF IN. | JURY IN ITEM 18 PA | ART 1 OR PART 2) | | |
| | MEDICAL | CONTRIBUTING C | | P.M. PLACE (| | 16 1979 (AT HOME. | 211 100 | CATION C | bun s | 1-/5 | | - | | |
| ı | ME | WHILE NOT V | VHILE S | | FORY, FARM, E | IC.) | | TREET | // | CITY OR TO | wy/ | COUNTY | 1 | STATE |
| | | And the second second | | NWS | - | the | 1 | PHVN-24 ne | COY ! | ursay, | Twee | WASH | | 14D |
| 1 | 14,0 | ELECTRICAL AVOIDED | | of the remains des | | ve, held on | Autops | | ection . | Inquiry | , ond | d in my apinian | n | |
| Ĭ, | | death resulted from: | Noturo | l causes 🗀; | Accident | A, Si | picide | , Homicide L | | etermined mo | onner, | | | |
| - | | ACTUAL | - 62 | za DIA | 700 | ha (10 | | TITLE (SPECIF |) | | | DATE | 11443 | 679 |
| | | SIGNATURE | 1 | | 2000 | 10-11- | M. | .D | | DICAL EXAM | | SIGNED | INALI | |
| 7- | | EXAMINER'S NAME (TYPE OR PRINT) | H,1 | 1. Weeks | 5 | | 11/- | ADDRESS 580 | oNorth | 1449 | erstown | wes | H I | 40 |
| | 73a.B | IRIAL, CREMATION, RE | MOVAL 22 | DATE | 38c. 1 | CAME OF CE | | R CREMATORY | | OCATION | | COUNTY | - 44 | ATE |
| | | Burial | 6 | -1-70 | AA | Lines | han 12 | | A | rlingt | on | Vir | cinia | 7.7 |
| | 100 | NAME TOP | 18 | Tollis. | 3901 | N. Fo | irfax | Dr. | ATE BEIN | W REGISTER | Ob. REGIS | FAR BLIGN | 规键区。 | selly |
| | Ar | lington Fu | reral | Home | | agton, | Va | DI | | - 10 | | / | | 1 |

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME YEAR 2b. HOUR 6-F1 A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 3 SEX DATE OF BIRTH MONTH BALTIMORE CITY OR COUNTY OF DEATH **№ BIRTHPLACE** ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY NEVER MARRIED L WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 JSUAL RESIDENCE 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME LAST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMAN (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c PART I. DE ATH WAS CAUSED BY: HEMMORHAGE Canditions, if ony, which gove rise to immediate cause (o), stating the DUE TO, OR AS underlying cause last ENSIDA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 206. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NOF YES \square 710. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 38 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE WHILE 220.1 certify that 44 (this hospital) ottended the deceased from. 14 MAY 79, and that in (my) (our) apinian death accurred on the date and hour and fram the couses stoted 22b. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BP 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 52 8. 2 X 54 (VR A 15 (4))



ADDRESS

Waynesboro, Pa.

Fairbiew Stoner Mr. Paul E. Devor, 111 Fairview Ave. Waynesboro, Pa. 17268 WEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

48 So. Church Sts. DATE RECD, BY REGISTRAR 256. REGISTRARS SIN

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

17h, KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

COUNTY

STATE

SATESIGNED

DAYS

DHMH - 16 50M 7/77 (VR A 15 (4))

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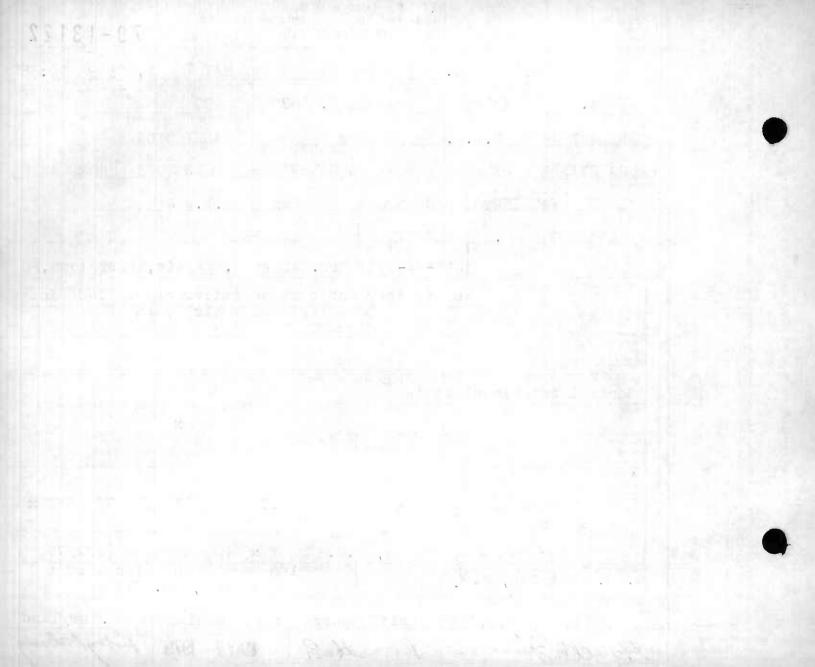


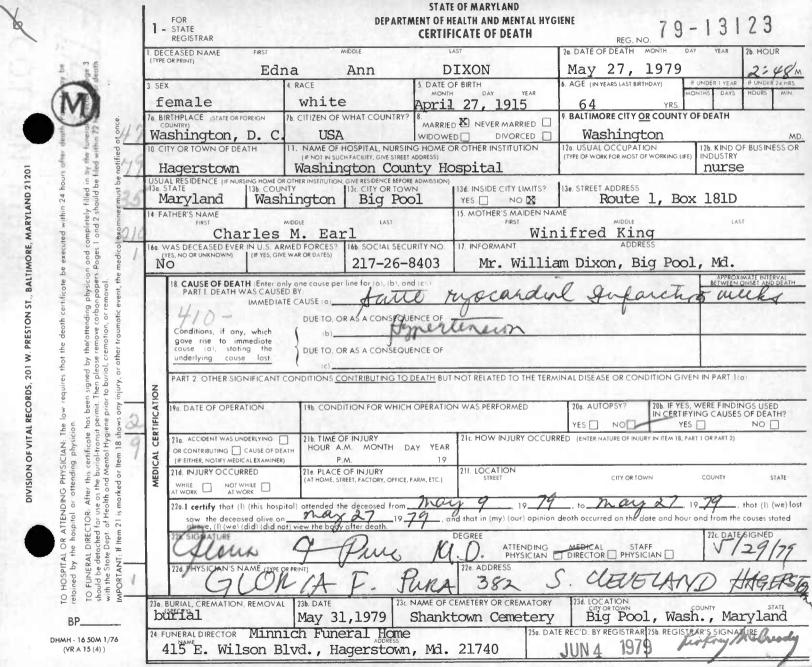
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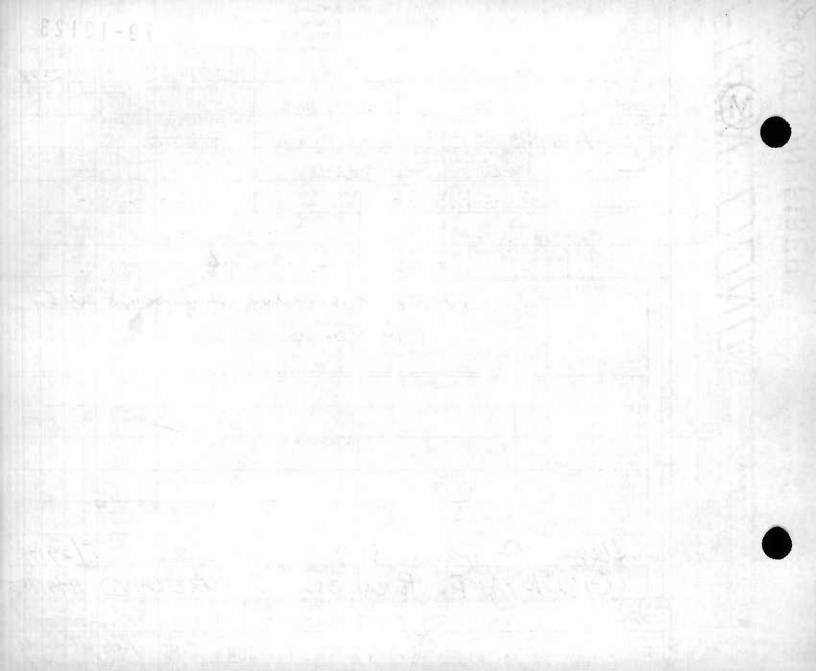
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-13124

| | | REGISTRAR | | CENTI | ICATE OF DEATH | REG. N | ٥. | | | |
|----|---------------|---|--|---|-------------------------------|-----------------------------------|----------------|--------------|----------------------------|---------------|
| | | CEASED NAME FIRST | WIDDLE | | LAST | 20 DATE OF DEATH | | Y YEAR | 26 HOUR | R |
| | | Charle | es Lee | D | raper | May 9, 1 | 979 | | 4:10 | R |
| П | 3 SE | X | 4 RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIRT | | UNDER I YEAR | # UNDER 2 | |
| | | Male | White | e Sept | | 61 | YRS. | DAYS DAYS | HOURS | MIN |
| - | 7a BI | IRTHPLACE (STATE OR FOREIGN OUNTRY) | 76. CITIZEN OF WHAT | COUNTRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY O | R COUNTY C | F DEATH | JPC-3- | 150 |
| 5 | | Maryland | U.S.A. | WIDOW | ED DIVORCED X | Washin | gton | | N. | MD. |
| 0 | 10 CI | ITY OR TOWN OF DEATH | | TAL, NURSING HOME (| OR OTHER INSTITUTION | 120. USUAL OCCUPATI | | 12b. KIND O | F BUSINE | SSOR |
| 7 | | igerstown, | Washingto | on County H | | Truck Dri | | Excava | ation | Co. |
| 5 | 130 5 | | INTY 13c. C | esidence before admission) ITY OR TOWN Berstown | 134. INSIDE CITY LIMITS? | 13e. STREET ADDRESS Route 1, 1 | 3ox 91 | | | |
| | 14. FA | ATHER'S NAME | MIDDLE | LAST | 15 MOTHER'S MAIDEN NA | ME | THE TE | LAS | 7 | |
| 10 | | Edgar | C. | Draper | Beulah | E. | | | rne | |
| | 16a V | VAS DECEASED EVER IN U.S. A | VE WAR OR DATES! | OCIAL SECURITY NO. | 17. INFORMANT | ADDRE | SS | | 11.00 | |
| | | 10, | 217-10-9192 Miss Joann Draper, Cavetown, N | | | | | | | 94 |
| Н | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS | only ane cause per line to | ar (a), (b), and (c) | 0 | | | BETWEEN | MATE INTERV | VAL DE ATH |
| | | | ATE CAUSE (a) | remome | 2 Soung | | | JM | ench | lo. |
| Н | | 1629 | | | | | | | | |
| | | Conditions, if any, which | | | | | | | | |
| | | gave rise to immediate cause (a), stating the underlying cause last | | | | | | | | |
| | | underlying cause last | (c) | | | | | | | |
| | z | PART 2. OTHER SIGNIFICANT | CONDITIONS CONTRI | BUTING TO DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE OR CON | DITION GIVEN | IN PART 1(c | 3) | |
| - | ATIO | 19a DATE OF OPERATION | TION CONDITION | FOR WHICH OPERATIO | NI WAS BEDEODINED | 200 AUTOPSY? | Tan IE VEC V | WERE FINDIN | 100.000 | |
| 2 | CERTIFICATION | 4/4/79 | alsa | | WAS FERFORMED | | IN CERTIFYIN | NG CAUSES | OF DEATH | H? |
| 0 | ERT | 210. ACCIDENT WAS UNDERLYING | | and the second second | 21c. HOW INJURY OCCUR | RED CENTER NATURE OF INJUR | YES [| L OR PART 21 | № □ | |
| 7 | | OR CONTRIBUTING CAUSE OF D | | MONTH DAY YEAR | | | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED | P.M. | 19 IURY | 211 LOCATION | | | | | |
| P | ME | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FAC | CTORY, OFFICE, FARM, ETC.) | STREET | CITY OR TOW | N | COUNTY | STA | TE. |
| | | 22a. certify that (1) (this has | nital Pattended the dece | ased from The | CCL 27 10 79 | May | 9 10 | 79 | ah - a (1) (| -> !4 |
| | | saw the deceased alive o obove, (I) (we) (did) (did n | n may 9 | 19 79 | nd that in (my) (our) opinion | death occurred on the do | ite and hour a | , | that (I) (w causes stat | |
| | | 226. SIGNATURE | 0 0 | | DEGREE | 15871418141 | | 22c. DATE | SIGNED | |
| | 1 | Glow | J. Pur | mod. | ATTENDING PHYSICIAN | MEDICAL STAF | F IAN [] | max | 1119 | 79 |
| | | 22d. PHYSICIAN'S NAME (TYPE | OR PRINT) | 100 4 | 22e ADDRESS | 100 | . 11 | 0 | 1 | |
| | | GLORA. | + F. P | WRA | 382 5. | Clevelan | d Hu | agen | stor | in |
| | 23a B | BURIAL, CREMATION, REMOVA | L 23b. DATE | 23c. NAME OF | EMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | CC | DUNTY | STAT | TE |
| | | Buri | May 12, 19 | 79 Carfiel | d United Meth | Garfield | Frede | | Marv | land |
| | 24 FL | INERAL DIRECT | Vis X 7 | Varis | MA/ | E REC'D. BY REGISTRAR | 25b. PESISTRA | R'S SANA | RE | |
| | | Davis Funer | al Home, Sm | uthsburg, | Md. | 11 1 4 1919 | | | | |

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STATE OF MARYLAND 79-13126 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) 45 IRENE ISHER MARY 18 3 SEX RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH VEAR DAYS HOURS WHITE FEMAL 09 TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLANT WASHINGTON COUNT DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) RIA BOX 59 Own Home EE DYSYILLE Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS WASHINGTON Marriano KEEDYSYILL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Taylor Unknown Perry Dora ADDRESS Rfd. 1 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO. 16b SOCIAL SECURITY NO 17 INFORMANT Box 59 (IF YES, GIVE WAR OR DATES) 217-80-1631 Mr. Richard H. Fisher, Keedvsville. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY ARDIO-PULMONARY MINUTUS IMMEDIATE CAUSE (0 MINUTES - HOUR ULMON ARU EDEMA-Conditions, if any, which gove rise to immediate cause 101, stating CARDIOVASCULAR DISEASE BRANKY FARS underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION a ABETES MELLITUS 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED D IN CERTIFYING CAUSES OF DEATH? shows Hygiene NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY orkedor (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE STATE 220.1 certify that (1) (this haspital) ottended the deceased fram saw the deseased alive obove, (1) (wa) (did) did no and that in (my) (our) apinian death occurred on the date and hour and fram the causes stated DEGREE 22c. DATE SIGNED ATTENDING FUNERAL I MPORTANT PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS (TYPE OR PRINT) . KOESSLER MD 7. C. Box 246 KEEDYSVILLE MO. with 0 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Burial Keedysville, Wash. Co., Md. 5-22-79 Fairview Cemetery BP. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 John H. Bast, Jr. (VR A 15 (4)) Boonsboro, Maryland 21713

05/8/-01 217-00-134 E. Montal C. Fidher, 21. 1 Jon 55 att a.o. .man .allivaybana 3-22-15 being templery John I. Andy, and Aconsono, Anagament Children

STATE OF MARYLAND 79-13127 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH I. DECEASED NAME MIDDLE 2h. HOUR (TYPE OR PRINT) 1:10A. Donna Kav FOLTZ May 13, 1979 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS DAYS HOURS August 19, 1946 Female White 70. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington Hagerstown, Md. U. S. A. I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR Teacher Public Schools Washington County Hospital Hagerstown DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET OOR STREET OF . Washington 13d INSIDE CITY LIMITS? Hagerstown Maryland YES P 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Howard Leo Zella Holmes Byrd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? AL SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO OR UNKNOWN) 1004 Valleybrook Dr. (IF YES, GIVE WAR OR DATES) 219- 44- 456\$ Mr. Howard L. Foltz. Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiomyonathy 344s. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shaws NOF YES | Mental Hygie 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71n ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 4-21 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. and that in (my) (perf) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED DEGREE unoulable to and) ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 5-14-79 TO FUNERAL E shauld be detac with the State D MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS John H. Hornbaker, Jr., M.D. 645 E. First St., Hagerstown, MD 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Shirial Samples Manor, Wash. Co.Md. 5-16-79 Samples Manor Cemetery 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 Boonsboro, Md. 21713 John H. Bast, Jr. (VR A 15 (4))

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| NO 79-1312 | L |
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| - STA | ATE GISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG. NO | 79- | 131 | 70 |
|----------------------|--|----------------------------|--|------------------------|-------------|---------------|----------------------------|---------------------|-------------|-----------------|-------------|--|
| 1 DECEAS | ED NAME | FIRST | | AIDDLE | | LAST | | 2a DATE O | | MONTH DA | AY YEAR | 26 HOUR |
| | | Paul | | Bryan | F | ORD | | 1 | | , 1979 | | 5:40P A |
| 3. SEX | | | 4 RACE | | 5 DATE (| | 1084 | 6. AGE (INY | | | ONTHS DAYS | |
| Mal | | | Whit | | | v. 29, | 1096 | 8: | | YRS. | | |
| | velandvi | | | . S. A. | 8 MARRIE | D NEVE | R MARRIED | | | R COUNTY O | OF DEATH | |
| | R TOWN OF DEA | | | | WIDOWI | | DIVORCED | 17n USUAL | ashing | | 181 KIND | OF BUSINESS OR |
| Hag | erstown | | NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County H | | | Hospit | (TYPE C | | | F WORKING LIFE) | INDUSTRY | |
| 13a. STATE | sidence (if nurs yland | 135 COUN Wash | ington | Boonsbo | N | | CITY LIMITS? | 130 STREET | S. M | ain St. | • | |
| 14 FATHER | FIRST | | IDDLE | LAST | | 15 MOTHE | R'S MAIDEN NA | ME | MIDDLE | | | AST |
| | Otho | | • | Ford | | | Etta | | F. | | Houpt | |
| NO. | DECEASED EVER DORUNKNOWN) | | AED FORCES? WAR OR DATES) | 217-18-8 | | Mrs. | Ruth E | . Ford | 110 | S. Mai | in St. | 21712 |
| 18 0 | CAUSE OF DEAT | H (Enter onl | y one couse per | line for (o), (b), one | d (c). | | | | DUV | 15.000 | | XIMATE INTERVAL |
| E | 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) C WEBTIC Observed Code Polymore Co | | | | | | | | are | Y | 12es | |
| go cou und | | nediote ig the lost. | DUE TO, O | R AS A CONSEQUE | ENCE OF | | | | | DITION GIVE | N IN PART 1 | l(o) |
| CERTIFICATION 130° (| DATE OF OPERA | | | TION FOR WHICH | | | | 20a. AUT | OPSY? | IN CERTIFY | ING CAUSE | INGS USED S OF DEATH? |
| VEDICAL STATE | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, | | | 19 | | INJURY OCCURI | RED (ENTER NA | ATURE OF INJUI | | | NO STATE | |
| | ORK NOT W | HILE | | | | | | | | | | |
| 22 a. | sow the deceose obove, (1) (we) (4) | ed olive on. | 5- | e deceosed from | | nd that in (n | 19 75 ny) (our) opinion | deoth occurr | ed on the d | | | ., that (I) (we) los ne couses stated |
| 22b. | SIGNATURE | ſ | oul de | r | 4 | DEGREE | ATTENDING PHYSICIAN | MEDICAL DIRECTOR | STA | | | 25/79 |
| 22d | PHYSICIAN'S N | AME (TYPE OF | PRINT) | | | 22e. ADDF | RESS | | | | | |
| J | ohn H. | Horn | baker, | Jr., M | I.D. | 645 | E. Fir | st St | . H | agers | town. | MD |
| | al, CREMATION, Tial | REMOVAL | 23b. DATE 5-28-7 | 1 | | | R CREMATORY metery | 23d. LOC | ORTOWN | oro, wa | ash, C | o., Md. |

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the buriol-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal

O HOSPITAL OR ATTENDING PHYSICIAN: The law

IMPORTANT: If Item 21 is marked ar Item 18 shaws any

24 FUNERAL DIRECTOR NAM John H. Bast, Jr. Boonsboro, Md. 21713 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 31 1979

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 28 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS Charles Richard Fratianni May 2. 1979 7:40 a.m. 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX YEAR MONTHS DAYS HOURS 9-3-1930 White Male 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVERMARRIED Washington Maryland USA 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Hagerstown Washington Co. Hospita telegrapher railroad JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30 STATE 136 COUNTY 136. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS Maryland WashingtonHagerstown N. Locust St. YES X 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE LAST Miller Frank Fratianni Jessie Bell IAL SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 24 2088 Mrs. Lelia M. Fratianni 218 S88 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Minutes Cardiac Arrest IMMEDIATE CAUSE (0)___ DUE TO, OR AS A CONSEQUENCE OF Coronary occlusion Minutes Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. Years Coronary Atherosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 0 NO 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE August 29 220.1 certify that (1) (this haspital) attended the deceased from ____ the december 19 November 29, 78 and that in (my) (our) apinian death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 27b SIGNATUR ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN M.D. 5/4/79 278 PHYSICIAN'S NAMEDWAY A MINT 22e ADDRESS 138 E. Antietam St., Hagerstown, MD. Charles C. Spencer, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE Burial 5-4-79 Rose Hill Cemetery Hagerstown Maryland

DHMH - 16 50M 7/77 (VR A 15 (4))

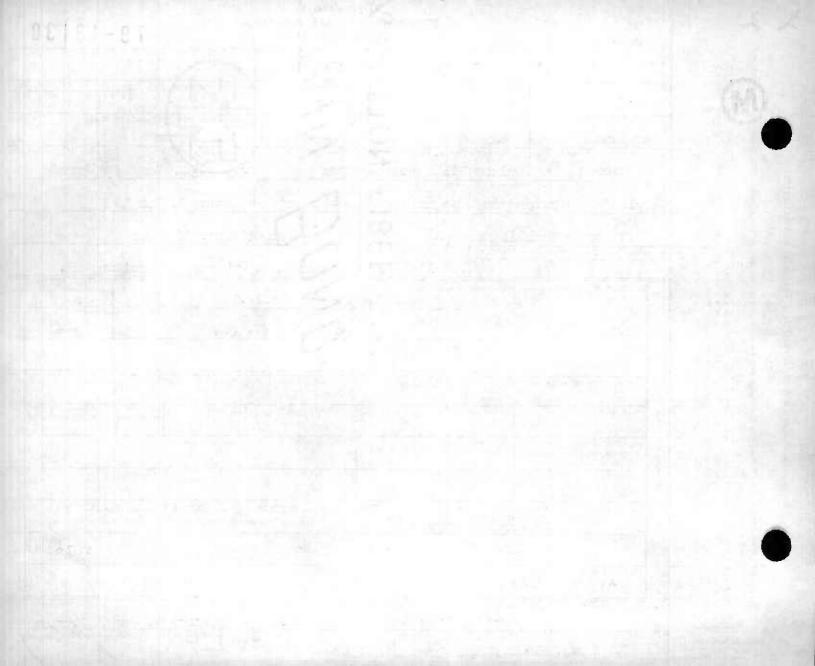
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24 FUNERAL DIRECTOR

305 New Potomac St. N. Minnich Hagerstown, Maryland

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(VR A 15 (4))



STATE OF MARYLAND FOR

415 E. Wilson Blvd., Hagerstown, Md.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12121 7 0

| | 1 - | REGISTRAR | | | | CERTIF | ICATE OF DEATH | RE | G. NO. | 1-13 | 131 |
|----|---------------|--|------------------------|--------------------------------|-------------------------|--------------------------------------|----------------------------------|---|---|-------------------|-----------------------------------|
| | | EASED NAME | FIRST | 1 | MIDDLE | ι | AST | 20. DATE OF DEA | | DAY YEAR | 2b. HOUR |
| | (TYPE | OR PRINT] | Fran | cis | Edwar | ď | GACK | May 6, | 1979 | 1024 | 4,30 PM |
| | 3. SEX | | | 4 RACE | | 5 DATE C | | 6 AGE (IN YEARS LA | | IF UNDER 1 YEAR | IF UNDER 2 HRS |
| |) | male | N- III | whi | te | Octo | ber 1,1909 | | YRS. | | HOOKS MIN |
| 1 | | RTHPLACE (STATE OR | FOREIGN | 76 CITIZEN OF | | RY? 8 | D MEVER MARRIED | 9. BALTIMORE CI | TY OR COUNTY | OF DEATH | |
| 5 | | ryland | 4411 | | SA | WIDOWE | D DIVORCED | □ Washi | ngton | 100 | MD. |
| 0 | | agerstov | | (IF NOT IN SUC | H FACILITY, GIVE ST | RSING HOME OF REET ADDRESS) On Boule | evard | 12a. USUAL OCCU (TYPE OF WORK FOR W OWNEY | | uphols | stery sho |
| 5 | 13a S | AL RESIDENCE (IFNUITATE | 13b. COUN | OTHER INSTITUTION ITY | GIVE RESIDENCE B | OWN | 13d INSIDE CITY LIMITS? | 13e. STREET ADDR 1625 | Jeffers | on Blv | ā. |
| | | THER'S NAME | | | LAST | | 15 MOTHER'S MAIDEN 1 | NAME | DIE | LA | ST |
| 11 | | | ank G | ack | LASI | | Marg | garet Swe | eney | | |
| 1 | 16a. W | VAS DECEASED EVE | R IN U.S. AR | MED FORCES? E WAR OR DATES) | 16b. SOCIAL S 218-30 | | 17 INFORMANT | Gack, 1625 | Jeffers | town, I | Md. |
| | | | | | | | # | | /-/ | | IMATE INTERVAL ONSET AND DEATH |
| | | 18 CAUSE OF DEA PART I. DEATH | TH (Enter or WAS CAUSE | D BY: | fine for (a), (b) | , and ic | and Will | MEG | 1/ASIX | BETWEEN | ONSET AND DEATH |
| | | 1100 | IMMEDIA | TE CAUSE (0) | 42001 | 1 | 1 | | * | | DA COMPUL |
| | | 1627 | | DUE TO, O | R AS A CONSE | OUNCE OF | 1 | | | | |
| | | Conditions, if on gove rise to in | | 1b) | | | | | | | |
| | | cause (0), stat | | DUE TO, O | R AS A CONSE | QUENCE OF | | | | | |
| | | - 1 | | A (c)_ | | | | 200000000000000000000000000000000000000 | COLIDITION CB | (CAL SALDADT 1) | |
| | NO | PART 2. DIHER SIG | NIFICANT | DUIT | MIRIBUNG | TO DEATH BUT | NOT RELATED TO THE TE | ERMINAL DISEASE OR | LONDITION GIV | EN IN PART I | 01 |
| | CERTIFICATION | 190 DATE OF OPER | ATION | 19 COND | ITION FOR WE | HICH OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES | YING CAUSES | NGS USED S OF DEATH? |
| 2, | E | | | 1 | | | | YES NO | | | NO [] |
| 9 | | 21a. ACCIDENT WAS U | | | | DAY YEAR | 21c. HOW INJURY OCC | URRED (ENTER NATURE O | F INJURY IN ITEM 18, P | PART 1 OR PART 2] | |
| | MEDICAL | (IF EITHER, NOTIFY MED 21d. INJURY OCCU | | | .M. OF INJURY | 19 | 21f. LOCATION | | | | |
| | ME | WHILE I NOT | WHILE D | | REET, FACTORY, OF | FICE, FARM, ETC.) | STREET | CITY | OR TOWN | COUNTY | STATE |
| | | 22a. certify that (| | | | om_07 | , 19 | , to | | | that (I) (we) lost |
| | | sow the dece | did) (did no | ot) view the body | affer death. | 19 | nd that in (my) (our) opini | ion death occurred an | the date and hou | | |
| | 2 | 22b. SIGNATURE | Jan | ust | | | DEGREE ATTENDING PHYSICIAN | | STAFF HYSICIAN [| 32 | 79 |
| 1 | | 226. PHÝSICIAN'S | LAME (TYPE | AMIZ | Abok | | 371 Jor | In al? | Would | Ay. | shup 1 |
| | 23a E | BURIAL, CREMATION | N, REMOVA | May 9, | | | CEMETERY OR CREMATOR | | town, Wa | ash., M | lary I and |
| | 24 FU | UNERAL DIRECTOR | | ich Fun | eral | me | 25a. (| DATE REC'D. BY REGIS | TRAR 256. REGIS | IDAR'S SIGNA | TURE Brooky |

DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT: If Item 21 is marked or Item 18 shaws any injury, or other traumatic event, the medical examiner must be natified at ance

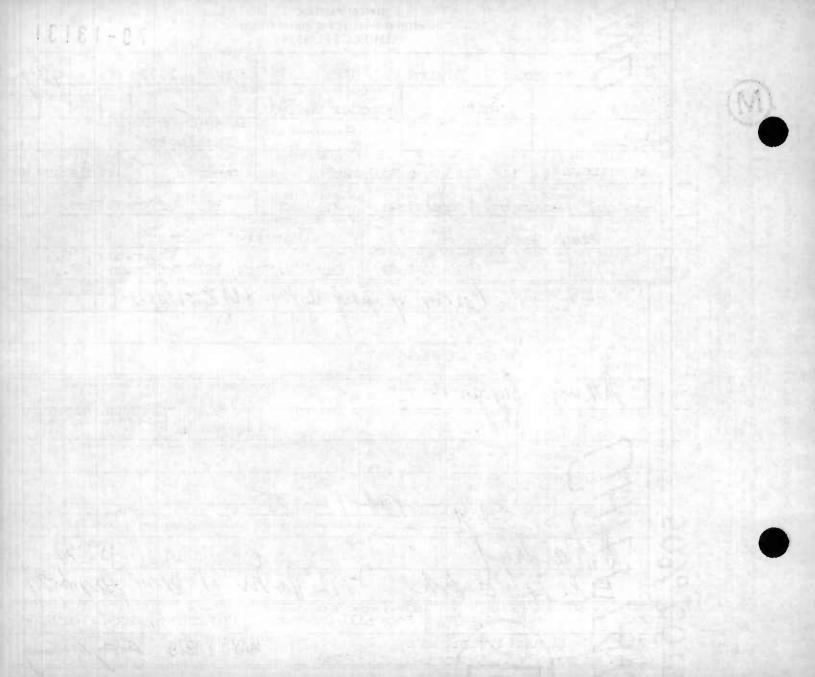
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that

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the attending physician and completely filled in by the furnemove carbonpapers. Pages 1 and 2 shauld be filed with



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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

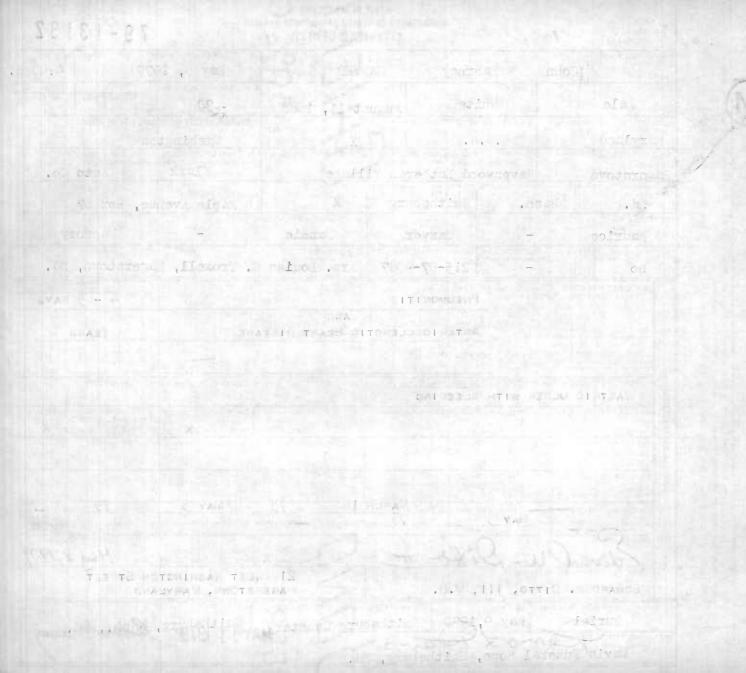
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME 20. DATE OF DEATH YEAR 26 HOUR (TYPE OR PRINT) John Fahrney GARVER May 6, 1979 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAYS HOURS Male White 90 11 1888 August TO BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Marvland WIDOWED DIVORCED [Washington ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Clark Ravenwood Lutheran Village Auto Co. Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY Smiths burg 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Wash. Maple Avenue. Box 67 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRS1 LAST Nannie MIDDLE Fahrney Maurice Garver ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Louise G. Troxell. Hagerstown, Md. 215-07-9087 no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: PNEUMONITIS 5 DAYS IMMEDIATE CAUSE (0) AND DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE YEARS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION GASTRIC ULCER WITH BLEEDING 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [NO K 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE MARCH O VAY 22a.1 certify that (1) (this haspital) attended the deceased from MAY sow the deceased alive an_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (the we) (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN K) DIRECTOR PHYSICIAN 221-PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS WEST WASHINGTON STREET EDWARD W. DITTO, III. M.D. HAGERSTOWN. MARYLAND 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION STATE CITY OR TOWN COUNTY (SPECIFY) Burial Smithsburg Cemetery M. FUNERAL DIRECTOR

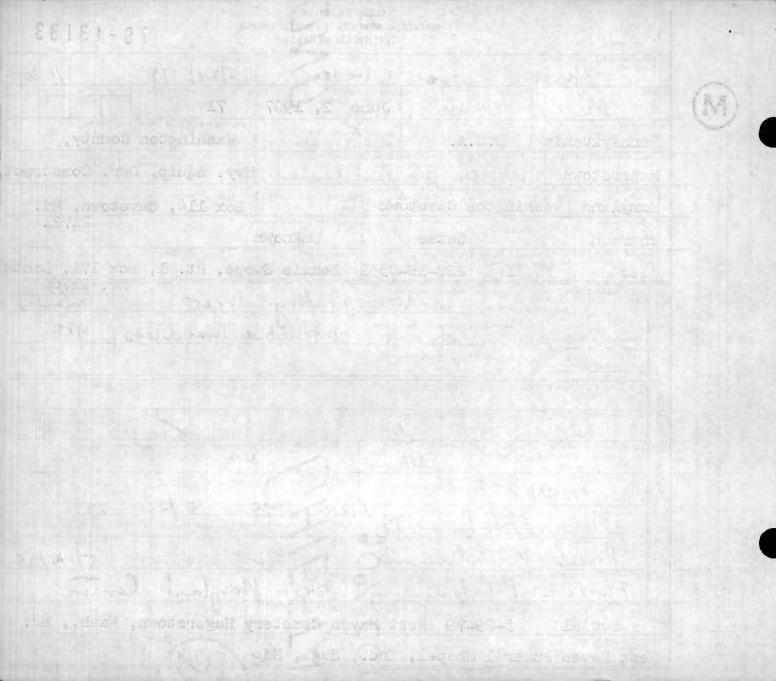
DHMH - 16 50M 7/77 (VRA 15(4))

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Davis Funeral Home. Smithsburg. Md.

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injury, or ather troumotic event, the medical examiner must be notified at ance

should be detached for use as the burial-transit permit. Then please remove carbonpapers: Pages 1 with the State Dept. of Mealth and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

MPORTANT: If them 21 is marked or Item 18 shows any

STATE OF MARYLAND

| 3 | | EASED NAME | | | CERTIFICATE OF DEATH | REG. NO | 79-13134 |
|-----|---------------|---|--|--|--|---|---|
| | | OR PRINT) | Beatr. | ice Irene | Gift | May 1, | 1979 PD M |
| 7 | 3. SEX | emale | 5-19- | 4 RACE White | May 4, 1905 | 6 AGE (IN YEARS LAST BIRTH | HDAY) IF UNDER 1 YEAR IF UNDER TA HES MONTHS DAYS HOURS MIN |
| | Pe | RTHPLACE (STATE | ania | 76 CITIZEN OF WHAT COUNTRY? U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | Washingt | con County, MD. |
| 9 | Ha | gerstov | vn | Washington (| County Hospital | Tigo USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Knitter | |
| 5 | Ma | ryland | NURSING HOME OR 136 COUN | ington Hagers | town 13d INSIDE CITY LIMITS? | | Baltimore Street |
| 1// | | THER'S NAME Willian | | ell Kiser | Grace Mae | MIDDLE | t. |
| 1 | (Y | /as deceased e es, no or unknown No | | WAR OR DATES) | IRITY NO. 17 INFORMANT | ADDRE | 300 Bryan Place |
| | | PART I. DEAT Conditions, if gave rise to couse 10, stunderlying co | H WAS CAUSE IMMEDIAT ony, which immediate toting the | | Hemorrhagic Pand ENCE OF | creatitis | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS |
| | NOI | | | CONDITIONS CONTRIBUTING TO I | <u>DEATH</u> BUT NOT RELATED TO THE TERM | INAL DISEASE OR COND | OFFION GIVEN IN PART 1(0 |
| | CERTIFICATION | 19a DATE OF OPI | ERATION | 196 CONDITION FOR WHICH | OPERATION WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \ \ NO \ \ |
| | | 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY M | CAUSE OF DEA | | AY YEAR 19 21c HOW INJURY OCCURE | RED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART 1 OR PART 2} |
| | MEDICAL | 21d. INJURY OCC | | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 211 LOCATION STREET | CITY OR TOW | n county state |
| | | , | eased alive on | on) attended the deceased from | DEGREE ATTENDING | , to 5/1/7 death occurred on the do MEDICAL STAF DIRECTOR PHYSIC | |

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etoined by the hospital

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL Burial 5-5-79

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

Howard N. Weeks, M.D.

23c. NAME OF CEMETERY OR CREMATORY

Inc., Hag.,

22e ADDRESS

Northern Ave, Hag. Md.

Rest Haven Cemetery Hager stown Rest Haven Funeral Chaper,

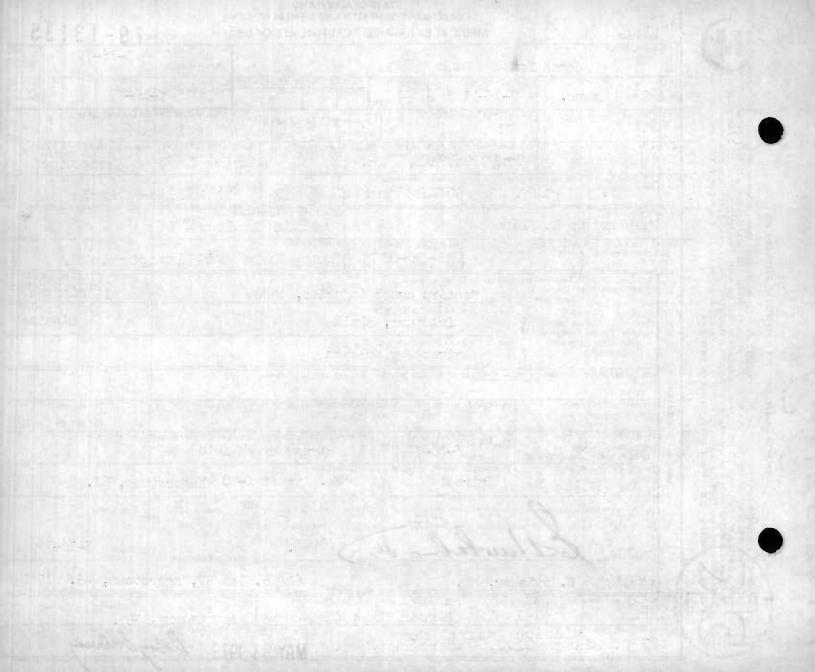
Wash., Md.

5/3/79

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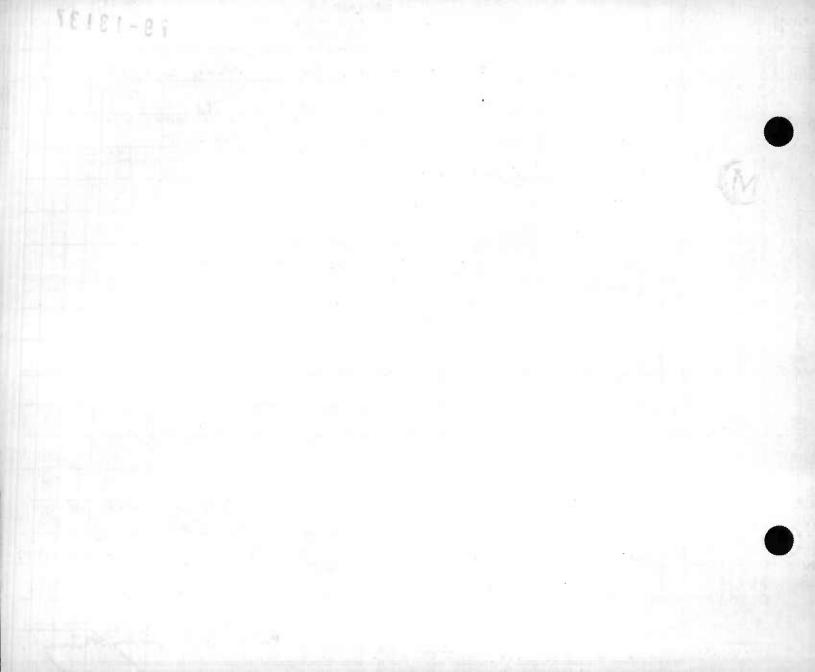
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN 7b. HOUR 0200 ESTI-James Isaac Sr. Gumm DEATH MATED 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY PRONOUNCED 0200 male cauc. 37 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Washington WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS brick layer OR INDUSTRY Virginia Ave. Rt. Hagerstown masonry USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 130. STATE Wash. Williamsport 13. STREET ADDRESS liam Circle Md. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lottie Chole Frederick A. Gumm White 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS NO OR UNKNOWN 223-56-3577 Nancy Gumm Williamsport, Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY massive crush injuries, chest minutes IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF fracture, skull minutes gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. struck by an auto PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO [STATE DEPARTMENT C 200 TIME OF INJURY 210. EXTERNAL CAUSE WAS 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR struck by an auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 21f. LOCATION "Va. Ave at I-70" hargerstown, "Md. STREET STORY EAST, ETC. WHILE AT WORK AT WORK 25 Autapsy X Inspection X 220. I certify that I took charged the remains described above, held an death resulted fram atoral courses Agrident X Suicide Homicide ______ Dep. 5-16-79 GE 4 SHOU FUNERAL D TER DEATH, 1 ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 645 e. 1st ST, Hagerstown, Md. 21740 E. Hawbaker, MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY burial 5-19-79 Green Hill Cemetery BP Monterey Wilson Blvd. Hagerstown, Md. 255 REGISTRAR'S SIGNATURE **DHMH-17** intry Mc Cready (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH 7h HOUR A M (TYPE OR PRINT) Wilbert Alexander Hall 1979 10:40 Mav 3 SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAYL 5. DATE OF BIRTH IF UNDER I YEAR IF LINDER 24 HRS MENTH 10 05 white male To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Pennsylvania USA WIDOWEDE Washington Co. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY bricktender Washington Co. Hosmital refractory Hagerstown DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 136 COUNTY 1136 CITY OR TOWN 13a. STATE 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Shade Gan R.D. Penna. Hunt. YES [NO T 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Louise Hall Alexander Mary Foreman 17 INFORMANT (YES, NO OR UNKNOWN) 1942-1943 193-05-0297 Evelyn R. Hall, RD. Shade Gap. PA 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CONSEQUÊNCE OF Conditions, if ony, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? pe NOF YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 5 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COLINITY STATE NOT WHILE WHILE AT WORK 224.1 certify that (1) (this haspital) attended the eceased from the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED SIGNATI + ATTENDING / MEDICAL 5-7-79 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS ild b Howell Road, Hagerstown, MD f 0 23a. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE COUNTY Burial Pleasant Hill Cem 5-10.1979 Shade Gan BP. PA Hunt. 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SAMATRE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4)) Martin R. Brown Orbisonia, PA

18161-01 C Line Control of the And starting the killing of the last of th Responsible and the Street of the Contract of The control of the co Planting and all the sent things and the



within 72 hours

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2138

| | - STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. N | 1 0 | 131 | |
|------|--|---------------------------|---------------------------------------|-------------------------------------|---------------------|---|------------------|----------------------------------|--------------------|---------------------|---------------------------|
| | DECEASED NAME (TYPE OR PRINT) | FIRST | | MIDDLE | L | AST | 20. DATE | OF DEATH | MONTH D | AY YEAR | 2b HOUR |
| | H | arry | 01: | iver | Hay | Sr. | May | 19, | 1979 | | м |
| 3. | . SEX Male | | RACE | 9 | 5 DATE O | E BIRTH 1910 | | 69 | M | ONTHS DAYS | IF UNDER 24 HRS HOURS MIN |
| 7 | BIRTHPLACE ISTATE OR F | OREIGN 7 | | WHAT COUNTRY? | | . 219 2720 | | MORE CITY C | P COUNTY | OF DEATH | 1 |
| 92 | Pennsylvani | | USA | | MARRIE | NEVER MARRIED | | shingt | _ | | |
| 1 | CITY OR TOWN OF DEA | | | HOSPITAL NURSII | WIDOWE NG HOME O | D DIVORCED D | | AL OCCUPAT | | | OF BUSINESS OR |
| 19 | Hagerstown, | | Washin | gton Cour | abbress) | | (TYPE OF V | vork for most of | F WORKING LIFE | INDUSTRY | ompany |
| 1 | JSUAL RESIDENCE (IF NURS 30. STATE Maryland | 13b COUNT | other institution Y ngton | 13c. CITY OR TOV Hagerst | VN | 13d. INSIDE CITY LIMITS? | 13e. STRE 276 | South | Potom | ac Str | eet |
| 2// | 4. FATHER'S NAME FIRST | MI | DDLE | Hav | | 15 MOTHER'S MAIDEN NA FIRST Annie | | MIDDLE | | Gelwic | |
| 1 16 | (YES, NO OR UNKNOWN) | IN U.S. ARM | | 166 SOCIAL SECT | | Mrs Betty C. | | 240 Hager | Hager stown, | Stree | |
| | | mediote ng the lost | (c) | RAS A CONSEQUENT ON TRIBUTING TO | ENCE OF | To lung | MINAL DISE | ASE OR CON | DITION GIVE | 2 2 NIN PART 10 | |
| 2 | 190 DATE OF OPERA 210. ACCIDENT WAS UNI | TION | 19b COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a Al | UTOPSY? | | WERE FINDING CAUSES | |
| | | CAUSE OF DEAT | USE OF DEATH HOUR A.M. MONTH DAY YEAR | | | 21c. HOW INJURY OCCUI | RRED (ENTER | R NATURE OF INJU | RY IN ITEM 18, PAI | RT 1 OR PART 2 | |
| | OR CONTRIBUTING TO THE STATE OF | HILE 🗀 | | OF INJURY REET, FACTORY, OFFICE, | FARM, ETC.) | 211 LOCATION STREET | | CITY OR TOV | νn | COUNTY | STATE |
| | 22a. I certify that (I) (this hospital) attended the deceased from 5 19 19 19 to 5 19 19 19 sow the deceased olive on a cooper (I) (we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE | | | | | | | | ond from the | | |
| | Chal | G | Kens | ME | | ATTENDING PHYSICIAN | MEDIC. | AL STA | FF CIAN [| | 21-79. |
| 1 | Charles | AME (TYPE OR I | Hess | M.D. | | Smiths! | bura | , Md |) | | |
| 2 | 30 BURIAL, CREMATION, (SPECIFY) Cremation | | 23b. DATE 5-21- | | | Crematory | CI | cation ity or town rtinsbu | | county rkley. | W.Va. |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician

24. FUNERAL DIRECTOR

A. K. Coffman Funeral Home, Inc. Hagerstown, Md.

Martinsburg, Berkley, W. Va.

150. Date REC'D. By REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. I | 10. 13 | -13 | 1 3 3 |
|---|---------------|--|---------------------|-----------------------------|---------------------------------------|------------|-------------------------------|--|--------------------|------------------|----------------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | ı | AST | 20 DATE OF DEATH | MONTH E | DAY YEAR | 2h HOUR |
| ı | (1162 | OKPRINI) | Howai | rd (| Henn | 1 | Hershman | May 25 | , 1979 | | 10:00A |
| | 3. SEX | (| 4 | RACE | NEL EXIL | 5. DATE C | | 6 AGE IN YEARS LAST BE | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| | M | lale | 277 | White | 9 | May | 14, 7926 YEAR | 53 | YRS | MONTHS DAYS | HOURS MIN |
| | 7a BIF | RTHPLACE ISTATE OR | FOREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY | | OF DEATH | |
| Š | K | tzsmiller | , Md. | U. S | . A. | WIDOWE | | Washingt | on | | MD. |
| | | TY OR TOWN OF DE | | | | IG HOME C | OR OTHER INSTITUTION | 12a USUAL OCCUPA | | 126 KIND O | F BUSINESS OR |
| 7 | | lagerstown | | | WelliLines | | e. | Gaurd Gaurd | OF WORKING SIFE | Pris | on |
| 6 | 130 S | L RESIDENCE (IF NUI TATE | 13h COUNTY Washi | THER INSTITUTION | Boonsbo | ADMISSION) | 13d INSIDE CITY LIMITS? | 130. STREET ADDRESS | 2 17 | | |
| 7 | | ryland | Washin | ng con | Boonsbo. | ro | YES NO | | ox 1/ | | |
| N | 14 FA | THER'S NAME | MIE | DDLE | Hershman | | 15 MOTHER'S MAIDEN NA NETTIE | | | Spri | 7 |
| | 14 14 | | | | | | | | | - | - |
| | | AS DECEASED EVER | HEYES, GIVE W | D FORCES? | 220-16-6 | | Mr. Larry G. | Henchman | Rfd. | 3 Box | 317N |
| 1 | 7.6 | 9 | 14. 11. | 140 | 220-1000 | 47 | ra . parry G. | Her Similari, | Hager | stown | Md. |
| 1 | | 18 CAUSE OF DEATH | | | | | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | PART I. DE ATH WAS CAUSE DY: IMMEDIATE CAUSE DE A CUTE CURUNARY THROMIBOSIS | | | | | | | | | TANT |
| ı | | Conditions, if ony, which () DUE TO, OR AS A CONSEQUENCE OF COILUNIARY ARTERY DISEASE | | | | | | | | | |
| ı | | Conditions, if ony, which gove rise to immediate (b) COICOMARY ARTERY DISEASE | | | | | | | | | |
| ı | | couse io, stati | ng the | DUE TO, O | R AS A CONSEQUE | | | | . | | |
| 1 | | | | ((c) | | | SIVE CARDIL | | | | |
| 1 | z | | | | | | NOT RELATED TO THE TERM | MINAL DISEASE OR CO | NDITION GIVI | EN IN PART 10 | 01 |
| - | CERTIFICATION | DIA G | | | ELLITU ITION SOR WHICH | | N WAS PERFORMED | 20g AUTOPSY? | Tank IE VEC | , WERE FINDIN | ICC USED |
| 1 | FIC | 148 DATE OF OPERA | ATION | 178 COND | TION FOR WHICH | OPERATIO | N WAS PERFORMED | | IN CERTIF | YING CAUSES | OF DEATH? |
| 4 | ERT | 21g. ACCIDENT WAS UN | IOEBINING C | 21b. TIME C | NE INTITION | <u> </u> | 21c. HOW INJURY OCCUR | YES NO | YES | | NO 🗆 |
| | | OR CONTRIBUTING | | 11-11 | M. MONTH DA | AY YEAR | ZIE HOW INJURY OCCUR | (RED (ENTER NATURE OF IN) | URY IN ITEM 18, PA | ART 1 OR PART 2) | |
| | MEDICAL | (IF EITHER, NOTIFY MEON | | P. | | 19 | 211 LOCATION | | | | |
| ı | MEC | WHILE MOT V | VHILE - | 21e. PLACE (AT HOME, STO | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | CITY OR TO | NWN | COUNTY | STATE |
| ı | | AT WORK AT W | ORK - | | 1. | - 11 | 116 21 | 5-17 | · | 16 | |
| | | 22a I certify bot (I | - | offended th | deceased from | 79 | nd that in (my) (our) apinion | depth accurred on the | Inte and hour | | that (1) (we) lost |
| 1 | | 22h, 816 NATURE | (did)(did not) | view the body | after death. | | DEGREE | accompany of the contract of t | - | THE DATE | |
| 4 | | | 1101 | 1111 | 11) | | ATTENDING | MEDICAL STA | | 1 | de |
| | | 22d. PHYSICIAN'S N | IAME ITYPE OF PI | CCC VI | 111 | | PHYSICIAN [| DIRECTOR PHYS | CIAN | 3/0 | 19/14 |
| | | 7 1 | LAA | 12 5 1 . | 0 | | 1 | 16 57 11 | 115 | UCT /2 | IN IN A |
| - | 23c P | URIAL, CREMATION | PEMOVAL | 23b. DATE | 122. 4 | JAME OF C | EMETERY OR CREMATORY | 16 ST 14 | AGE | CS106 | AN MUD |
| | | pecify) al | , REMOVAL | 5-29- | | | Lawn Memorial | ORN OD TOWAL | cown, V | vash. C | o., Md. |

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar ather troumotic event, the

24 FUNERAL DIRECTOR H. Bast, Jr.

23b. DATE 5-29-79

23c. NAME OF CEMETERY OR CREMATORY Cedar Lawn Memorial

Boomsboro, Md. 21713

REGISTRAR 256. REGISTRAR'S SIGNATURE

| 8 6 1 6 1 - | -0 V | | | | |
|-------------|----------------------|------------|-------------|------------|--------|
| Xeror - | 25, 1972 | . candetel | ama III | braupil | |
| | | 15,1925 | | | LIFE. |
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| 868.55° | | | | | |
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| See at the | D. Berrinner, Marin | y i o | (15 - 1-02) | a.c | |
| | | | 1 = 71.0% | | |
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| | Support to deep | | | | |
| | To the second of the | | | | I cale |
| | | - INIS .45 | JUNEOUS C | . 14 | unas. |

| 8 | | | FOR | | | DEPA | | E OF MARYL | AND MENTAL HYG | IENE | | | | 11.0 |
|--|---------------------|---------------|---|-----------------------|-------------------------------|---------------------------------|-------------------|---------------|-------------------|--------------|-----------------------|-------------|-----------------|------------------|
| | | 1. | STATE REGISTRAR | | | | | FICATE OF | | | REG. NO | 7 9 | - 13 | 140 |
| | | | | FIRST | M | NIDOLE | | LAST | | 20. DATE O | | | OAY YEAR | 2h HOUR |
| eq T | | ,,,,, | Anı | na | Caro | line | Hic | hheree | 7 | | M | a.u. | 3 1979 | |
| ou de | | 3. SE | | 4.1 | RACE | | | OF BIRTH | YFAR | | EARS LAST BIRT | нойуј | MONTHS DAYS | IF UNDER 24 HRS |
| - 8 N | N | F | emale | | White | | fun | e 34, | 1897 | 81 | | YRS | | |
| 8 | 13 | 7a. BI | RTHPLACE (STATE OR FORE | EIGN 7b | CITIZEN OF | WHAT COUNTR | RY? 8 | D NEVER | MARRIED [| 9. BALTIMO | ORE CITY O | RCOUNTY | OFDEATH | |
| de oth | 3.6 | | Maryland | | USA | | WIDOW | ED. D | NORCED | | VASHIN | | | |
| offer of | T . | 10. C | TY OR TOWN OF DEAT | н 11. | | OSPITAL, NUR | | OR OTHER INS | MOITUTION | | OCCUPATION FOR MOST O | | | OF BUSINESS O |
| by the | to | | Sharpsburg. | | 108 W. | Antie | tam St | | 1941.53 | | owite | | Home | |
| be in | t pe | USU. | AL RESIDENCE (IF NURSINITATE | G HOME OR OTH | HER INSTITUTION, | GIVE RESIDENCE BE | EFORE ADMISSION | 1134 INSIDE (| CITY LIMITS? | 13e. STREET | ADDRESS | | | |
| filled auld b | E | Ma | rulan_ | Washi | naton | Sharps | | YES # | NO 🗌 | 108 | | tieta | n St. | |
| within etely 12 sh | and a | 14. FA | THER'S NAME | MIDI | nis | LAST | U | 15 MOTHER | S MAIDEN NA | ME | MIDDLE | | LA | 57 |
| w page on pure | ox / | 01 | iver | Thom | | Reils | luu | Anni | | Ke | rtheni | ne | Spar | |
| xecut nd co ges 1 | 100 | 16a. V | AS DECEASED EVER IN | | D FORCES? | 166 SOCIALS | ECURITY NO. | 17 INFORM | | | ADDRE | SS | Thorner | (1/13-1) |
| be exection and control on and control on and control on control o | medical | , | . 11.0 | IF TES, GIVE WA | AR OR DATES) | | | Mrs. De | onald K. | retzen | 104 1 | V. An | tietam. | St |
| | event, the | | 18 CAUSE OF DEATH | Enter only o | one couse per | line for (a), (b) | , and (c).) | | | • | | 1 | APPROX. | CHARLE AND DESAM |
| | or other traum | | Conditions, if any, gove rise to imme cause (a), stating underlying cause PART 2. OTHER SIGNII | diote the lost. | (c) | | eleze | | silei | | E OR CON | DITION CIL | (EN INI PART I | |
| | jery, | Z | PART Z. OTBER SIGNI | A A | no finance | NIKIBUTING | AL R | Land | Co Cent | MINAL DISEA. | SE OR CON | DITION GI | EN HALAKI I | , u i |
| re in Tie | <u>></u> — | AT P | 190 DATE OF OPERATION | y cer | 19h CONDI | TION FOR WH | ICH OPERATIO | ON WAS PERFO | ORMED | 20a AUT | OPSY? | 20b. IF YE | S, WERE FINDI | NGS USED |
| n. nos b | 9 | FIC | 1 | | | | | | | YES 🗇 | ПОИ | | FYING CAUSES | NO T |
| IAN: The physicia rificate b f-transit of Hygie | 7 7 8 8 November 18 | CERTIFICATION | 21a. ACCIDENT WAS UNDER | | 21b. TIME OI | F INJURY M. MONTH | DAY YEAR | 21c HOW II | NJURY OCCUR | | - | | 1 | ,,,, |
| IYSICIA ding ph is certifi buriof-ti Mentol | Hea 1 | 14 | OR CONTRIBUTING CA | | P./ | | 19 | | | | | | | |
| | rked or 1 | MEDICAL | 21d. INJURY OCCURRE | | 21e. PLACE ((AT HOME, STR | OF INJURY IFET, FACTORY, OFF | FICE, FARM, ETC.) | 211 LOCATI | | | CITY OR TOV | VN | COUNTY | STATE |
| 00 4 90 | is mo | 79 | 220.1 certify that (I) (t | his haspital | attended the | deceased fro | m yu | ly 28 | 10_6 | to | May | 43 | 19 74 | that (I) (we) la |
| R ATTEND hospital a RECTOR: A red for use ppt. of Hea | 21: | | saw the deceased obove, (1)-(wa)-rdie | olive on | 3/ 3 | | 9-17 | that in (my |) (our) opinion | death occurr | ed on the | ate and hou | or and from the | couses stated |
| OR A boliked ched Dept. | Hem | | 22b. SIGNATU | 1 | 1 | DIVO! GCGING | V | DEGREE | | / | V | Terrino | 22c. DATE | SIGNED |
| the the Diagram | = - | | 16 | cha | Mu | new | | MO | PHYSICIAN | DIRECTOR | STA | IAN 🗌 | 121 | 1/79 |
| SPITA JERA VERA be de | Z-T | 1 | 220 PHYSICIAN'S NAM | AE (TYPE OR PR | INT) | E HIM | | 22e ADDRE | SS | 1312 | | | | 1 |
| TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept. | MPORTANT | Y | RIZAI | 1.70 | LAMA | RILL | 0 111 | 112 | 7/41 | NG S | 7 4 | AGF | 1.570 | WHI |
| should sh | ₹ | 23a | BURIAL, CREMATION, R | EMOVAL I | 23b. DATE | | | CEMETERY OR | CREMATORY | 23d. LOC | ATION | 1 40 | | 2/14 |
| BP. | | 1 | SPECIFY) | | May 6, | 7 | | w Ceme | | | psbure | 2 Wa | shingto | n. MI) |
| DHMH - 16 50M 7/7 | - | 24. F | Burial UNERAL DIRECTOR | | 0 9 | | | 30,10 | | | REGISTRAR | | PRAR'S SIGNA | 0 1 1 |
| (VR A 15 (4)) | ' | M | NAME | | () 0 | ADDRESS | | | , | MAY 9 | 1979 | fu | itry B | Chroshy |
| | | 110 | ion M. Osbo | nne P | .0. 1303 | C 344X 111 | llian | sport M | d. | | | | - | - |

79-13110 The second secon ALVER 1818 PERSONAL

es that the death certificate be

OR ATTENDING PHYSICIAN: The low requir

retained by the hospital or attending physicio

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pshould be detached for use as the burial-transit permit. Then please remove corbonpapers. Pages 1 and 2 should be filled within 72 hours often with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other traumatic event, the medical examiner must be notified of ance

MPORTANT: If Item 21 is morked or Item 18 shows ony

| STATE OF MARY | LA |
|---------------------------|----|
| DED ADTMENT OF HEALTH AND | |

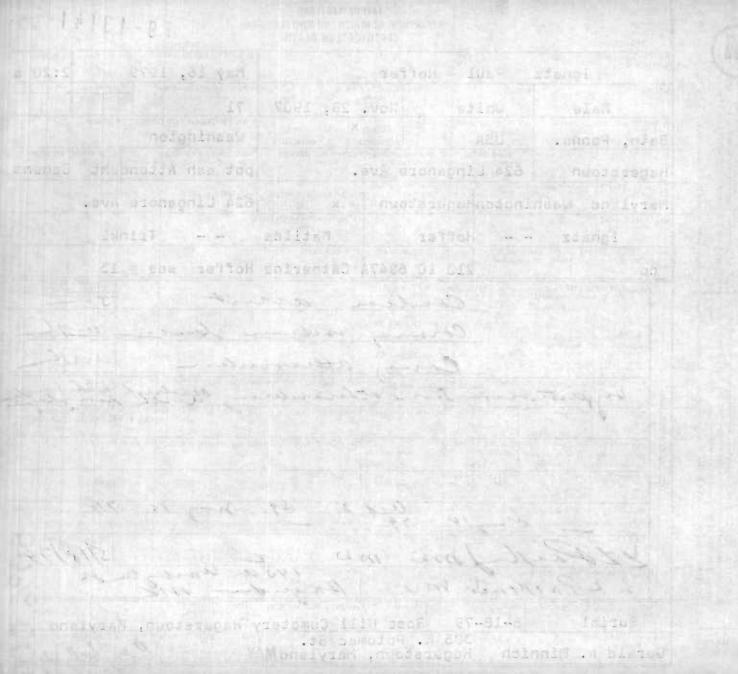
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13141

| ä | 1- | FOR STATE REGISTRAR | DEPART | | HEALTH AND MENTAL HYG | TENE 7 9 | -131 | 41 | |
|-----|---|--|--|-------------------------|---|---|----------------------|---|--|
| | | CEASED NAME FIRST | MIDDLE | | LAST | 20. DATE OF DEATH MONTH | OAY YE | AR 2b HOUR | |
| | (TYPE | Ignatz | Paul Hof | fer | | May 16, 19 | 79 | 2:20 a | |
| | 3. SE) | (| 4 RACE | | OF BIRTH | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 | | |
| 83 | | Male | White | Nov | | 71 Y | RS. | DAYS HOURS MIN. | |
| | 7a. BII | RTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIE | DE NEVER MARRIED | 9 BALTIMORE CITY OR COL | | н | |
| (2) | | th, Penna. | USA | WIDOW | | Washington | | MD. | |
| 20 | | qerstown | 11. NAME OF HOSPITAL, NURSIN 18 NOT IN SUCH FACILITY, GIVE STREET 624 Linganor | | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) DOT ash Attendent Cement | | | | |
| 5 | 13a. S | TATE 136 COUP | R OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) | 13d INSIDE CITY LIMITS? YES NO | 13. STREET ADDRESS 624 Lingano | re Ave | | |
| 2// | 14 FA | THER'S NAME Ignatz | MIDDLE Hoffer | | 15. MOTHER'S MAIDEN NAM Matilda | WIOOIE | rinkl | EAST | |
| 1 | | VAS DECEASED EVER IN U.S. AR | RMED FORCES? 166 SOCIAL SECU | RITY NO. | 17. INFORMANT | ADDRESS | | The State Sa | |
| | | 10 | | 6847 | A Catherine | Hoffer see | # 13 | | |
| | | PART I. DEATH WAS CAUSE | nly one couse per line for (a), (b), an ED BY: | les | an | ent | BETV | PROXIMATE INTERVAL WEEN ONSET AND DEATH | |
| | | 4140 Conditions, if ony, which | DUE TO, OR AS A CONSEQUI | ENCE OF | witer | - ferr | | usc | |
| | | gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | ENCE OF | attun | ulen | u | nK | |
| | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTING TO | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PAR | dermelle | | |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO | | | |
| | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | AIR | AY YEAR | 21c. HOW INJURY OCCURE | RED (ENTER NATURE OF INJURY IN ITE | vi 18, PART I OR PAR | (7 2) | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I | | 211 LOCATION STREET | CITY OR TOWN | COUNT | Y STATE | |
| | | sow the deceased alive on above, (1) (we) raid) (did no | oft view the body after death. | , , , | | death occurred on the date and | hour and fron | , that (I) (we) lost in the causes stated | |
| | | 22b. SIGNATURE | Mamo | n | DEGREE ATTENDING PHYSICIAN E | MEDICAL STAFF DIRECTOR PHYSICIAN | - 0 | 18/79 | |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE OF | Kendr Mi |) | 22e ADDRESS | the mis | land | 3 | |
| | 23a. B | Burial, CREMATION, REMOVAL | | se H | ill Cometer | 23d LOCATION CITY OF TOWN Y Hagerstown | county | state vland | |
| | 24. FU | INERAL DIRECTOR | 305,00 N. | Poto | mac St. 250. DAT | E REC'D. BY REGISTRAR 25b. RE | GISTRAR'S SIC | | |
| | Gerald N. Minnich Hagerstown, Maryland MAY 22 1979 history helped | | | | | | | | |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.



the attending physician and completely filled in by the funeral director, gremove carbonpopers. Pages 1 and 2 shauld be filled within 72 hours after

must be notified at once.

MPORTANT: If Hem 21 is marked at Hem 18 shaws any injury, at other traumatic event, the medical exam

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remaye carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

FOR - STATE

STATE OF MARYLAND

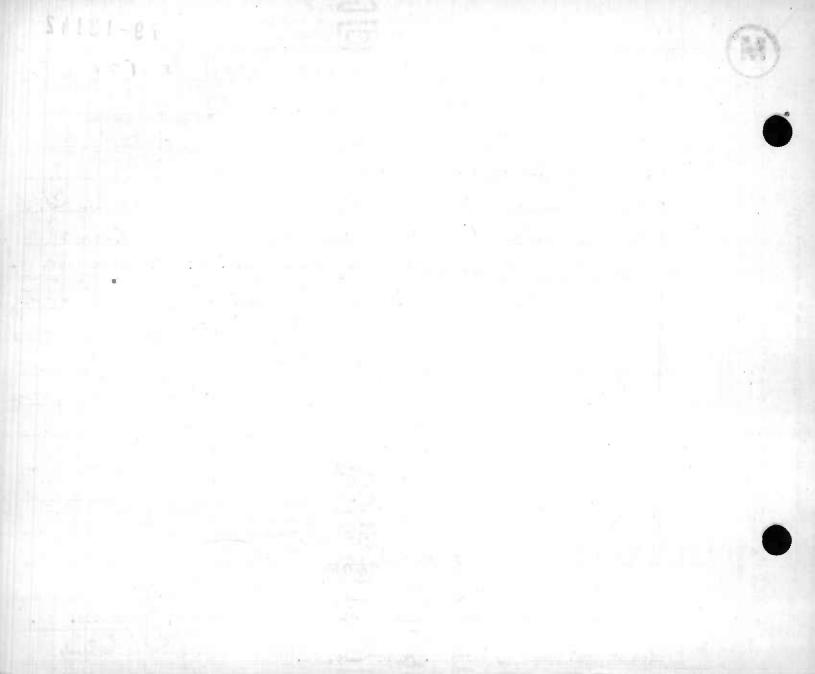
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13142

| 1 | REGISTRAR | | CERTIFI | CATE OF DEATH | REG. I | NO. | | |
|----------|---|---|--------------------|------------------------------|--|----------------|-----------------------|--------------------|
| ı | I. DECEASED NAME FIRST (TYPE OF PRINT) | WIDDLE | LA | AST | 2ª DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| ١ | NELLIE | n. | Hoi | RCHNER | (MAY) | 05-31- | 799 | 645 PM |
| ١ | 3. SEX | 1 RACE | 5. DATE O | | AGE IN YEARS LAST BI | | DER I YEAR | IF UNDER 24 HRS |
| | FEMALE | CAUCASIAN | 08 | 29 91 | 87 | YRS | HS DAYS | HOURS MIN |
| | 78. BIRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT COUN | TRY? | NEVER MARRIED | 9. BALTIMORE CITY | OR COUNTY OF | DEATH | |
| 5 | Bedford Co. Pa. | USA | WIDOWE | DIVORCED | | FINGTO | | MD. |
| | 10. CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | | R OTHER INSTITUTION | 12a USUAL OCCUPA (TYPE OF WORK FOR MOST | | Zb. KIND O NDUSTRY | F BUSINESS OR |
| 4 | Hagerstown | KAUENWOOD | | : AN VILLAGE | HOUSEW | IFE | | |
| 2 | USUAL RESIDENCE (IF NURSING HOME OF | ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY OR | | | 130. STREET ADDRESS | 3 | / | 21 |
| 2 | | ASH. Hag | 10. | YES 🔼 NO 🗌 | 44 W. | Longme | adou | s Rd. |
| | 1 1 | MIDDLE LAST | 4 | 15 MOTHER'S MAIDEN NAM | WIDDIE | | VAN | ar |
| 4 | CHARLES EUG | Court. | SECURITYNO | HUNADEL 17 INFORMANT | ADDI | | VAN | 15 |
| ı | (YES, NO OR UNKNOWN) (IF YES, GIV | E WAR OR DATES) | | Andrew Horch | | | e Som | erset Pa |
| 1 | No | | 6-9758 | Andrew Horen | ner b. cor | diibia Av | | |
| ١ | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | nly one cause per line far (a), (b | bi, and ici | O Alles | . 1. | - | BETWEEN | MATE INTERVAL |
| 1 | IMMEDIA | TE CAUSE (a) | received | at run | won | | 5 | - Fac |
| ١ | 7370 | DUE TO, OR AS A CONS | EQUENCEDE | 1) a. Atto | 11/2 00 | | - | - 0 |
| 1 | Canditions, if any, which gave rise to immediate | (b) | reach | up occurre | rence | 7 | - | 19 |
| ١ | cause (a), stating the underlying cause lost | DUE TO, OR AS A CONS | QUENCE OF | 1. 1. | and. | 2/0 | a. | 0 |
| ١ | onderlying coose lost | (c) (1) | low | Jane E | | 0000 | 7/ | - |
| ١ | Z PART 2. OFHER SIGNIFICANTS | CONDITIONS CONTRIBUTING | TO DEATH BU | NOTRELATED TO THE TERM | HAL DISEASE OR CO | DITUM GIVEN I | 11 110 | |
| \dashv | 210 ACCIDENT WAS UNDERLYING | LIS CONDITION FOR W | HICH OPERATION | WAS DESCRIBED ON THE | 20s AUTOPSY7 | 20% IF YES, WE | DE EINDIN | SS USED |
| | SE INTOMOTOR SPENING | THE CONDITION FOR W | CICH OFERALIO | THAS PORTORNED | | IN CERTIFYING | | OF DEATH? |
| Н | 210 ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY | | 21c HOW INJURY OCCURR | YES NO. | YES [] | OR FART TO | NO 🗌 |
| | OR COLUMNIC COLUMN | ATH HOUR A.M. MONTH | | Day a control of the second | *** | | 0.000 | |
| 1 | OR CONTRIBUTING CAUSE OF DE. | P.M. 21s PLACE OF INJURY | 19 | 211 LOCATION | | | | |
| J | WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, OF | FFICE, FARM, ETC.) | STREET | CITY OR TO | OWN C | OUNTY | STATE |
| 1 | 220.1 certify that (I) XIX XIXX | (XI) attended the deceased f | rom 23 Jai | 1. 19.78 | to date | | | that (1) (Xe) last |
| 1 | saw the deceased alive pri | 29 May | | d that in (my) (XX pointon d | _, | | | |
| 1 | 275 SIGNATURE | at) view the body after death. | | DEGREE 1 | | | 22s. DATE : | |
| | VVIII | 1/6/50 | dul | ATTENDING V | MEDICAL STA | AFF | 7 300 | ne, 1979 |
| H | 224. PHYSICIAN'S NAME (TYPE- | SR PRINT) | 72 9 | 77# ADDRESS | N DIRECTOR PHIS | ICIAN [| . 001 | 10, 1373 |
| | Richard T. Bin | ford, M.D. | THE RESERVE | 1135 Potomac | Avenue, Ha | agerstown | . Md | 21740 |
| - | 230. BURIAL, CREMATION, REMOVAL | | 23c NAME OF CE | METERY OR CREMATORY | 123d LOCATION | | , 1101 | |
| | (SPECIFY) Burial | June 3-79 | Union C | | Meyersda. | le, Somer | sett | oPa. |
| | 24 FUNERAL DIRECTOR | | | | REC'D. BY REGISTRA | | | |
| | Drice Thronel He | ADDRES | | - DIM | 8 1979 | firkry) | noth | welly |

Price Funeral Home 325

DHMH-16 20M (VRA 15, 4) 7/78



3-13113

STATE OF MARYLAND

ASSUME B HARSE THAT THE SEE THE REPORT OF THE PERSON OF TH Magazasyitle Memorale Home Thomas Howard Home ma area Bushing of the property of Paniel Lors F Straineth Building The standard of the standard of the stand of the standard of t Businel 1947 9/15 Neit - Con childe leader had be 1941 Ca Mannach - Salary Cutter I'm

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

| | 1- | STATE REGISTRAR | | | DET ARTH | CERTIF | ICATE OF DEATH | | REG. NO. | 9-13 | 145 |
|----|-----------------------|--|--------------------|------------------------------|---------------------------------------|------------|---|-------------------------|-----------------------------------|-------------------|----------------------------|
| | | CEASED NAME OR PRINT] | Esta | | lay | | apt | 20. DATE OF DE | 5, 1979 | DAY YEAR | 8:25A |
| | | emale | | 4 RACE White | | 5. DATE O | b. 9, 1899 AR | 6. AGE (IN YEARS | LAST BIRTHDAY) YRS. | IF UNDER I YEAR | IF UNDER 24 HRS HOURS MIN. |
| 5 | Wa | _ | Co.,M | | | | D NEVER MARRIED DIVORCED | 9 BALTIMORE Washi | city <u>or</u> count ngton | Y OF DEATH | MD. |
| 0 | Вс | onsboro | | Rfd. 2 | H FACILITY, GIVE STREET | DDRESS | DR OTHER INSTITUTION | (TYPE OF WORK FOR HOUSE | CUPATION MOST OF WORKING L WIFE | | Home |
| 5 | Ma Ma | ryland | 13h COUN | other institution | Boonsbor | ADMISSION) | 13d. INSIDE CITY LIMITS? YES NOTE: | | 2 Box 10 | 8 | |
| 17 | | Jacob | | nuel | McCauley | | Gertru | | IDOFE | Detrô | NW SI |
| | NC. | VAS DECEASED EV (ES, NO OR UNKNOWN) | ER IN U.S. AR | MED FORCES? WAR OR DATES) | 213- 74- | | Mts. Louise | e E. Hof | tmon | fd. 2 | Md. |
| 3 | ICATION | Canditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTION 19a DATE OF OPERATION 19b CONDITION FOR WHICH | | | Entributing to D | NCE OF | | | R CONDITION GI | IVEN IN PART 1 | NGS USED |
| 7 | MEDICAL CERTIFICATION | 210. ACCIDENT WAS UNDERLYING | | | | Y YEAR | 21c. HOW INJURY OCCURE | | - Land | PART 1 OR PART 2) | но 🗌 |
| | MEDI | 21d. INJURY OCCU | JRRED T WHILE WORK | 21e PLACE ((AT HOME, STR | OF INJURY EET, FACTORY, OFFICE, FA | ARM, ETC.) | 21f. LOCATION STREET | СП | YORTOWN | COUNTY | STATE |
| | | 224 SIGNATURE | osed alive an | to view the body | May 10 - | | nd that in (my) (ours opinion of DEGREE ATTENDING PHYSICIAN [] | death accurred or | STAFF | ur and from the | |
| | | J. | | 23b. DATE 5- 18 | 23c. N | | 580 Northe: EMETERY OR CREMATORY Creek Cemeter | 23d LOCATIO | N | | Id. 21740 Co., Md |
| | 24 FL | JOHN H. B | ast, J | r. Boo | nsboro, l | /d. 2 | 1713 MAY | 21 1979 | STRAR 251 EGIS | TRARY SIGNA | TURE |

DHMH - 16 50M 1/76 (VR A 15 (4))

| 20 min 151 1973 0:22 | | 572 |
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| . of the state of | and greaters | Lifett |
| The state of the s | de composito de | 70ER . H E05 |



- STATE

SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IF UNDER I YEAR

CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) Foster R. Hovermale

4 RACE

May 6 AGE (IN YEARS LAST BIRTHDAY)

65

20. DATE OF DEATH MONTH

5, 1979

BALTIMORE CITY OR COUNTY OF DEATH

HOURS

IF UNDER 24 HRS

Male White TO BIRTHPLACE STATE OF FOREIGN West Virginia

July 8, 1913 76 CITIZEN OF WHAT COUNTRY? U.S.A.

MARRIED A NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Washington County.

Tool & Die Maker Aircraft

10 CITY OR TOWN OF DEATH Hagerstown

NOT IN SUCH FACILITY, GIVE STREET ADDRESS Washington County Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

Washington Hagerstown

5. DATE OF BIRTH

15 MOTHER'S MAIDEN NAME

Pennsylvania Ave. Werderbaugh

APPROXIMATA VE CAL

14 FATHER'S NAME Unknown

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

I HE YES GIVE WAR OR DATES!

IMMEDIATE CAUSE 10

166 SOCIAL SECURITY NO 199-05-7691

17. INFORMANT

Ollie

ADDRESS

Virginia L. Hovermale, 2429 Penna.

(YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c) PART I, DEATH WAS CAUSED BY:

OR AS A CONSEQUENCE OF

20a AUTOPSY?

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

9n DATE OF OPERATION

21d INJURY OCCURRED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

underlying couse

Conditions, if ony, which gove rise to immediate couse (a), stating the

2 a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY

220.1 certify that (1) (this haspital) attended the deceased fram.

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

211 LOCATION

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

CITY OR TOWN

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

COUNTY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

STATE

sow the deceased plive on obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE

WHILE

AT WORK

3 22e ADDRESS

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/76 (VR A 15 (4))

the the

24 FUNERAL DIRECTOR

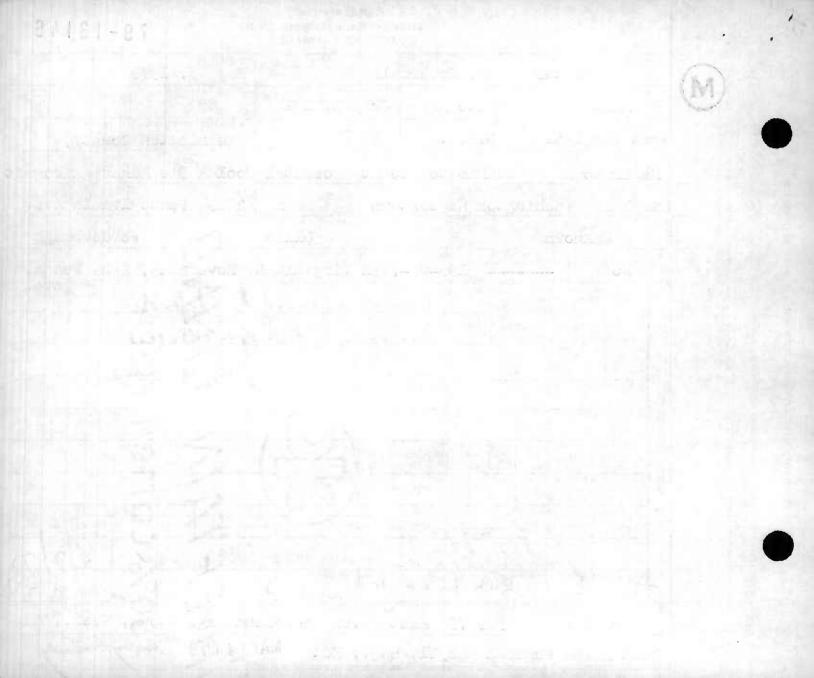
8

Haven Funeral Chapel, Hag., Md.

230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

22d PHYSICIAN'S AME CTYPE OF PRINT

Rest Haven Mausoleum Hagerstown, Wash., Md.



CERTIFICATION

MEDICAL

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

Burial

22b. SIGNATUR

NOT WHILE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13147

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) (HOVIS) Charles Fred Hovis May 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR White October 23. Male 1913 TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Rouzerville. P USA WIDOWED DIVORCED [Washington County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Washington County Hospital Retired Driver School Dist USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136 COUNTY 130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Franklin Waynesboro Pennsylvania Rt. 4, Box 234 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Hovis FIRST Charles Martin Maye R.D. #4 11694 Air-16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WW II Amy S. Hovis port Rd. Waynesboro. Pa.

| 18 CAUSE OF DEATH (Enter on | ly ane cause per line far (o), (b), and (c).) D BY; | | APPROXIMATE INTERVA BETWEEN ONSET AND DE |
|--|--|----------------------------|---|
| IMMEDIAT | E CAUSE (a) Cardiorespiratory failure | due to aspirati | lon 24 hrs. |
| Conditions, if any, which | DUE TO, OR AS A CONSEQUENCE OF of brond | chopneumonia | 24 hrs. |
| gave rise to immediate couse (a), stating the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE OF (c) Carcinoma of larynx | | 6 wks. |
| PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER | RMINAL DISEASE OR CONDITIO | ON GIVEN IN PART 1(a) |
| 19a. DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED | 20a AUTOPSY? 20b | IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? |

3/29/79 Carcinoma of larvnx ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH

23b. DATE

HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

79

March

211. LOCATION

26

CITY OR TOWN COUNTY

YES 😼

STATE

NO I

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a.1 certify that (1) (this hospital) attended the deceased from

saw the deceased olive on May 1 obave, (I) (we) (did) (did not) view the body ofter death

May 1

May 4,1979

23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

363 S. Cleveland Ave., Hagerstown, Md.21740

ATTENDING

PHYSICIAN

22c DATE SIGNED 5/3/79

B.C. Bandyopadhyay, M.D.

Harbaugh's

DEGREE

23d. LOCATION Franklin Waynesboro

DHMH - 16 60M 7/73 (VRA 15 (4))

BP.

id b MPORT

ERAL DIRECTOR

ADDRES 50 S. Broad St. Wavnesboro. Pa.

MEDICAL

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

DIRECTOR PHYSICIAN

250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

| 1979 C150 A | . 87 2 | 2.200 | Pred le | unitranij | (acvis) |
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| note office. | | | eino! | | |
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| × | z | | стк об Легуго | Carel | 3/29/79 |
| 5% | Moy 2, | t 26, 79 | il Sae, | ?faly | |
| 5/3/79 | | | L. C. | | |
| | | | | | |

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | REGISTRAR | | | | CERTIF | CATE OF DEATH | REG. NO | A A . | 101. | 7 0 | |
|---------------|--|-----------------------------------|-----------------------|--------------------------------|----------------------------|------------------------------------|-----------------------------|------------------|-------------------------|----------------------------|---------------|
|) DE (TYPE | CEASED NAME OR PRINT) | FIRST | | arlton | | JFFER | May 13, | 1979 | AY YEAR | 10:3 | |
| 3. SE | x ale | 4 | RACE Whit | Se | S. DATE O | f BIRTH 1885 TR | 6 AGE (IN YEARS LAST BIRT | | ONTHS DAYS | IF UNDER HOURS | 24 HRS MIN |
| | RTHPLACE STATEOR | | | WHAT COUNT | RY? 8 MARRIED WIDOWE | NEVER MARRIED | 9 BALTIMORE CITY O | | OF DEATH | | MD. |
| | agerstown | EATH 11 | | | | Hospital | TYPE OF THE THE | | 12b. KIND O | F BUSINE | SS OR |
| | AL RESIDENCE (IF NU | PRING HOME OR OT WASHIT | | BOONS | | 13d. INSIDE CITY LIMITS? | 130 STAFF ODDANESS | Main S | t. | | |
| 14 FA | Jacob | Mark | twood | Hui | fer | 15. MOTHER'S MAIDEN NA | | L. | H | uffer | r |
| No. | VAS DECEASED EVE (ES, NO OR UNKNOWN) | R IN U.S. ARME | | 219-36 | - 3951 | Mrs. Charlot | te H. Krepp | 660 | Virgin | | |
| | 18 CAUSE OF DEA PART I. DEATH | WAS CAUSED I | one couse per | line for (0), (b | nondic . | Tue to intro | Vent iene | Herek | BETWEEN ONSET AND DEATH | | DEATH |
| | Conditions, if or gove rise to ir couse (o), stori | ly, which mmediate ting the | DUE TO, O | AS A CONSE | Sequence of | r Poart | Typon | | Yea | 3 | |
| MION | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATI | | | | | | AINAL DISEASE OR CONI | | N IN PART 110 | | |
| CERTIFICATION | 196 DATE OF OPER | ATION | 196 COND | IIION FOR WE | TICH OPERATION | N WAS PERFORMED | YES NO | | ING CAUSES | | TH? |
| | 210. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY MED | CAUSE OF DEATH | 216. TIME O HOUR A | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RRED (ENTER NATURE OF INJUR | Y IN ITEM 18, PA | RT 1 OR PART 2) | | |
| MEDICAL | 21d INJURY OCCU | RRED WHILE ORK | 21e PLACE | OF INJURY REET, FACTORY, OF | FICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TOV | /2 | COUNTY | \$1 | TATE |
| | 220 I certify that (sow the dece | | 5- | 15- | ~ | d that in (my) (autopinion | deoth occurred on the do | nte and hour | | that (1) (4) couses sta | |
| | 226. SIGNATURE | No | cour | _ | | DEGREE ATTENDING PHYSICIAN [| MEDICAL STAP | F IAN 🗌 | 22c. DATE | SIGNED | 79 |
| | JOSE P | | | DAR | | 22e ADDRESS 60 | ons Box | o Ma | e 21 | 7/3 | |
| | BURIAL, CREMATION | N, REMOVAL | 236. DATE 5-16- | | | emetery or Crematory oro Cemetery | Boonsbore | o, Was | n. Co. | , Md | ATE |

BP.

etoined by the hospitol

O HOSPITAL OR ATTENDING PHYSICIAN: The Io

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottenc should be detached for use as the burial transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation, is morked or Item 18 shows ony

IMPORTANT: If Item 21 is

24. FUNERAL DIRECTOR

Boonsboro, Md. 21713 John H. Bast, Jr.

| | | | SUSTAINE VE | The second | | |
|----------------------|----------------|--------------------|-------------|----------------------------|------------|-----------|
| | 1-01 | | | | | |
| Su rui | 878F 34 W | | | | Jan.L | |
| | | 1849 | | publication and the second | | o.IV |
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| page 12 | 2.07 | r ₀ , i | no l | Lagran St. | | |
| | . To | | 5,400 | | organisms. | "to dyear |
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| · White in the later | ST LES LOCALI. | . Branchist | and the | 219-3 | | Jo. |
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nding physicion and completely filled in by the funeral carbon papers. Pages 1 and 2 should be filed within 72

n signed by the ottending physicion

certificate has bee

TO FUNERAL DIRECTOR: After this

injury, or other troumotic

should be detoched for use as the burial-tronsit permit. Then p with the State Dept-of Health and Mental Hygiene prior to bur IMPORTANT: If Item 21 is morked or Item 18 shows ony

notified ot one

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10110

| ı | 1 - | REGISTRAR | | | CERTIFI | ICATE OF DEATH | REG. NO | - 1 3 1 | 4 5 | |
|----|-----------------|--|-----------------------------------|--------------------------|--------------|--------------------------------|---|--------------------|--|-------------------------------------|
| | | CEASED NAME FIRST | | WIDDLE | L | AST | ta. Drive of Derrin | MONTH DAY | YEAR | 26 HOUR |
| | (1.0.2 | ORPRINT) Mary | Mel. | linda | Huki | 11 | May 6, 1 | 979 | | M |
| 1 | 3 SEX | | 4 RACE | | 5. DATE O | | 6. AGE IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| ij | | Female | Whi | te | Dec | | 75 | YRS. | | |
| | 7a. BIF | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 MARRIET | NEVER MARRIED | 9 BALTIMORE CITY O | FDEATH | | |
| Ç | | Maryland | USA | | WIDOWE | D DIVORCED | Washingt | | | MD. |
| | 10 CI | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | R OTHER INSTITUTION | 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF | | 12b. KIND O INDUSTRY | F BUSINESS OR |
| 2 | | Hagerstown | 424 | W. Fran | | St. | cook | 14 11 11 11 | rest | • 1 |
| , | USU A 13a. S | | INTY | 13c CITY OR TOW | N 1 | 134 INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | |
| S | | MarylandWas | hingtor | Hagerst | own | YES X NO | 424 W. F | rankl: | in St | |
| ý | 14 FA | THER'S NAME | WIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | MIDDLE | | LAS | Į. |
| I | | | ther | Lum | | Mary | Elizabet | | rovin | ger |
| | | VAS DECEASED EVER IN U.S. A res, no or unknown) (IF yes, G | RMED FORCES? IVE WAR OR DATES) | 166 SOCIAL SECU | | 17 INFORMANT | ADDRE | | | |
| | | no | | 213 24 | 6707 | William M. | Hukill | see # | 13 | |
| d | | 18 CAUSE OF DEATH (Enter | only one couse per | | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| | | | ATE CAUSE (o) | Car | diac | Arrest | | | 5 mi | n |
| | | 2500 | DUE TO, O | R AS A CONSEQUE | | | | | l yr | |
| 1 | | Conditions, if ony, which gove rise to immediate | (b) | Wi & | Inut | rition | | | T AT | |
| | 4 | couse (a), stating the DUETO, OR AS A CONSEQUENCE OF | | | | | | | | yrs |
| | | underlying couse lost (Diabetes Wellitis 10 y PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 1 | | | | | | | | |
| | Z | PART 2. OTHER SIGNIFICAN | CONDITIONS CO | DATKIBUTING TOL | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | JIIION GIVEN | IN PART II | 01 |
| | ATIC | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATION | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, V | | |
| | CERTIFICATION | None | | | 162 | | YES NO | YES | | OF DEATH? |
| | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | 216 TIME C | PFINJURY M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PART | 1 OR PART 2) | |
| | ICAI | I IF EITHER, NOTIFY MEDICAL EXAMINE | R) P. | M. none | 19 | | | 1000 | | With the same |
| | MEDICAL | 21d. INJURY OCCURRED | | REET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | CITY OR TOW | /N | COUNTY | STATE |
| | | AT WORK AT WORK IN NOTE | | | | 72 | to May | | 70 | |
| | | 220.1 certify that (I) (this has sow the deceased alive of | n MAV | 6 19_ | 79 on | d that in (my) (our) opinion o | , 10 | ate and hour a | | that (I) (we) lost couses stated |
| | | obove, (I) (we) (did) (did i | not) view the body | atter death. | | DEGREE | | 100000 | 22c. DATE | SIGNED |
| | 1 (2) | William | (1) · do | 1 MA | | ATTENDING | MEDICAL STAP | | 5-8. | -79 |
| | | 226. PHYSICIAN'S NAME (TYPE | OR PRINT) | 1 012 | | 22e ADDRESS | J DIRECTOR EL TITISIC | iru (| | |
| 1 | | William W. | Lesh N | .D. | | 411 Divis | ion Avenu | e Hage | ersto | wn, Md |

BP.

DHMH - 16 50M 7/77 (VR A I5 (4))

23b. DATE

230 NAME OF CEMETERY OR CREMATORY

23d. LOCATION

COUNTY

STATE

230. BURIAL, CREMATION, REMOVAL (SPECIFY Cremation 9, 1979 Rosedale Crematory
305 N. Potomac St. 250 DATERECTO.
Hagerstown, Maryland May 9, 1979 ematory Martinsburn W. V. 256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. 24 FUNERAL DIRECTOR

Gerald N. Minnich



| etel ,a yan | | who a bu | abrīžī, Laik | y'lan |
|---------------------------|-------------------------|------------|----------------------|------------------------------|
| es es | | | n#1#4 | Female |
| Vashington | | | AEU | Enryland |
| COOK - CREEK. | 36. | milden | ARA II. FE | RUGUSTUSSH |
| age V. Frinklin St. | | nuela | auguHaoagali | tenabhanly zed |
| Elizabeth Trovinger | YIST | | mul 25/1. | Samuel Luc |
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| on Avenue Heneratown, No. | siviu 1.4 | | .u. dee_ | . The FE |
| ry carlingous, s. us. | .J0 D: | SETUDION . | . M CUS- | ncide est ncin . A bisass |

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, genould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12150 70

| | REGISTRAR | | CERTIFICATE OF DEATH | REG. NO | -13130 | |
|-----|---|--|--|--|------------------------------|----------------------|
| 1 | 1 DECEASED NAME FIRST | MIDDLE | LAST | | MONTH DAY YEAR | 2b HOUR |
| | Bernaro | WILLIAM. | Ingram | May 1 | 4, 1979 | 6 A M |
| 3 | 3 SEX | 4. RACE | 5-DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRT | | |
| | M. | white | 3 - 28 - 03 | 76 | MONTHS DAYS | HOURS MIN |
| 7 | To. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | Y? 8 | 9 BALTIMORE CITY O | R COUNTY OF DEATH | |
| 71 | COUNTRY) | U.S. A | MARRIED NEVER MARRIED | | 1 | 1 THE |
| | 10 CITY OR TOWN OF DEATH | | WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION | 120 USUAL OCCUPAN | | OF BUSINESS OR |
| 9 | 11 | (IF NOT IN SUCH FACILITY, GIVE STRE | EET ADDRESS) | (TYPE OF WORK FOR MOST O | F WORKING LIFE) INDUSTRY | |
| 10 | USUAL RESIDENCE HE NURSING HOME | HVOLOR ME | anor Inc. | Clerk | ma | rket |
| | 13a STATE 13b CO | UNTY 13c CITY OR TO | | | | |
| 30 | | rsh. Hanc | | | h Street | <u> </u> |
| 1 | 14 FATHER'S NAME FIRST | MIDDLE LAST | 15 MOTHER'S MAIDEN | NAME MIDDLE | | AST |
| 210 | WILLIAM 1 | FUGUSTAS ING | RAM CLARA | JANE C | WILL | LIAMS |
| 1 | 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIAL SE | | MECARTYADDRE | SS Harror | mo |
| | (YES, NO OR UNKNOWN) (IF YES, O | 213-10 | | T | 10 WASH | ST |
| = | | | | THE STATE STATE OF THE STATE OF | APPRO | XIMATE INTERVAL |
| - 1 | PART I. DEATH WAS CAU | ISED BY. | | 0 -0 0 | LE L ENLIN | ONSET AND DEATH |
| | 1 / / MMED | IATE CAUSE (o) | tel my car | view w | CITE LOCATIO | here ac |
| | 410 | DUE TO, OR AS A CONSEC | DUENCE OF DO | H | | |
| | Conditions, if any, which | (ib) | unce lang | Illua | | |
| - | gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEC | DUENCE OF | | | |
| | underlying couse lost | (6) | V | | 7.7% | |
| | PART 2. OTHER SIGNIFICAN | T CONDITIONS CONTRIBUTING TO | O DEATH BUT NOT RELATED TO THE TE | ERMINAL DISEASE OR CON | DITION GIVEN IN PART 1 | (0) |
| | 3 DIEN MANUS | allions | · | | | |
| | 19a. DATE O OPERATION 21a. ACCIDENT WAS UNDERLYING | 19b. CONDITION FOR WHILE | CH OPERATION WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FIND | |
| 91 | 표 / | | | YES TO NOT | IN CERTIFYING CAUSE | S OF DEATH? |
| 6 | 210. ACCIDENT WAS UNDERLYING | 7 21b. TIME OF INJURY | 121¢ HOW IN IURY OCC | URRED (ENTER NATURE OF INJUI | | 140 |
| / | 00 00 00 00 00 00 00 | - 110110 1 11 11011711 | DAY YEAR | ORRED TENTER INTORE OF BOOK | THE TEM TO, PART I ON PART E | |
| | (IF EITHER, NOTIFY MEDICAL EXAMIN | | 19 | | | 100 |
| | | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | 211 LOCATION STREET | CITY OR TOV | VN COUNTY | STATE |
| - 1 | AT WORK AT WORK | | / | P | | |
| - 1 | | spital) attended the deceased from | n 3/6 19/ | 1 to 5/12 | 1979 | , that (I) (we) last |
| -1 | sow the december | on | 79, and that in (my) (our) opini | ion death accurred on the de | ste and hour and from the | e couses stated |
| - 4 | above, Ill (wg/ gat) i did | not view the Body after death. | DEGREE | | 121: DAT | E SIGNED |
| | 1 (80 | les. | Y A TENDING | | | 1. 1. |
| - | 1 | leur | | DRECTOR PHYSIC | IAN J | 14/39 |
| | 228 BHYSICIAN'S NAME (TYP | E OR PRINT) | 22e ADDRESS | 1 | 11 | 1 |
| - 1 | TICAU | Lanillo | 12/14 | my St. | 129 W | in |
| 7 | 230. BURIAL, CREMATION, REMOV | AL 23b. DATE 23 | R. NAME OF CEMETERY OR CREMATOR | RY 23d. LOCATION | - | |
| | BURINE | 5-16-79 5 | T PETERS CATHON | CITY OR TOWN | P. W. Lebert | 1 House |
| 1 | 24 FUNERAL DIRECTOR | 1011 | | E RECLD. BUREGUSTRAR | Sh BOISTAR'S CON | DURE . |
| H | 24 FUNERAL DIRECTOR | 1 | 201 | E RECID. BY REGISTRAR | 236 PASTE RAR'S BUN | PURE P. |

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

retained by the hospital or attending physician.

And the second of the second o

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | ' | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | 79 | - 13 | 151 |
|----|-----------|--|--------------------------------------|-------------------------------|----------|---|--|-------------------|-------------------------------|---------------------------------|
| | | CEASED NAME FIRST | de C | alvin | | Jones | 20 DATE OF DEATH | 5 1 | 7 79 | 26. HOUR 930 PM |
| | _ | Male | 4 RACE White | | DATE O | | 6 AGE (IN YEARS LAST BIRTH | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| 3 | | Brunswick, Md. | 76. CITIZEN OF WH | A. | WIDOWE | | Washingto | | OF DEATH | MD. |
| 20 | 1 | Knoxville | (IRI di SUCHZA | CILITY, GIVE STREET AD | ODRESS) | DR OTHER INSTITUTION | 12a USUAL OCCUPATION OF THE THE WORK FOR MOST OF | | | ing |
| 3 | 130. | AL RESIDENCE (IF NURSING HOME STATE Maryland 13b-CO Wa. | | E RESIDENCE BEFORE A | | 13d INSIDE CITY LIMITS? YES NO | 13e SHREET ADDRESS | | | |
| 10 | 14. F/ | James 1 | Willis | Jones | | 15. MOTHER'S MAIDEN NA | WE | | West | ST . |
| 1 | 160 \ | WAS DECEASED EVER IN U.S. A | | SOCIAL SECUR 20-54-27 | | Regina V. Joi | nes, Rfd. 2, | | ville, | Md. |
| | | Conditions, if any, which gave rise to immediate couse 101, stating the underlying couse lost. | DUE TO, OR AS | A CONSEQUEN | ICE OF | rotic Cand | | | 8 y | IMATE INTERVAL ONSEI AND DEATH |
| | ATION | | LYSEMA | | | | | | 100 | |
| 9 | CERTIFICA | 190 DATE OF OPERATION | | | PERATIO | N WAS PERFORMED | 20a AUTOPSY? | IN CERTIFY YES | , WERE FIND IT YING CAUSES | |
| 7 | _ | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE | 1 | IJURY MONTH DAY | YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY | ' IN ITEM 18, PA | ART 1 OR PART 2) | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF I (AT HOME, STREET, | NJURY FACTORY, OFFICE, FAR | M, ETC.) | 21f. LOCATION STREET | CITY OR TOWN | 4 | COUNTY | STATE |
| | | 220.1 certify the (1) (this has sow the deceased alive a above, (1) (we) (did) (did) | 5/13 | 19 7 | 5 1 | 3 , 19 74 od that in (my) (our) opinion (| death occurred on the do | | | that (we) last causes stated |

230 BURIAL, CREMATION, REMOVAL

conard 23b. DATE

320 236 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Burial 24. FUNERAL DIRECTOR

FOR

5-21-79

St. Luke's Cemetery

230 LOCATION

Brownsville, Wash. Co.,

DHMH - 16 60M 7/73 (VR A 15 (4))

John H. Bast, Jr. Boonsboro, Md. 21713

sense I'm' death of the 3000 Tity word inobalities one lyes. 21100 - 01118 Anternational Continue of Diace Sylver CA LOND Drawel about the second of the second of the second THE RESERVOIR STREET THE PROPERTY OF THE PROPE

completely filled in by the funeral direct I and 2 should be filed within 72 hours in

injury, ar other traumatic event, the

IMPORTANT: If hem 21 is marked ar Item 18 shaws any

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

etained by the haspital ar attending physicia

O HOSPITAL

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| G. NO. | 7 | 9 | 1 | 3 | 1 | 5 | 2 |
|--------|---|---|-------|---|---|---|---|
| | | | | | | | |

| - STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. 79 | -13152 |
|--|--|-----------------------------------|---|--|
| I. DECEASED NAME FIRST (TYPE OR PRINT) | WIDDLE | LAST | 20 DATE OF DEATH MONTH DA | Y YEAR 26 HOUR |
| Mary | Lena Jone | 9 | May 8, 1979 | м |
| 3. SEX | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | | UNDER I YEAR IF UNDER 24 HRS |
| Female | White | 11-17-1912 YEAR | 66 YRS | INTHS DATS MOURS MIN |
| To BIRTHPLACE STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 MARRIED T NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY C | OF DEATH |
| W. Va. | USA | WIDOWED DIVORCED | Washington | MD. |
| 10 CITY OR TOWN OF DEATH | | G HOME OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 126. KIND OF BUSINESS OR |
| Hagerstown | Washington Co | | aide | hospital |
| 13a. STATE 13b CO | | N 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | |
| | shingtonHagerst | | Rt. 4 Box 6 | UA |
| 14. FATHER'S NAME FIRST Wilbur | Allen LAST | 15. MOTHER'S MAIDEN NA. | WIDDLE | ders |
| 160 WAS DECEASED EVER IN U.S. | | | ADDRESS | |
| (YES, NO OR UNKNOWN) (IF YES, C | GIVE WAR OR DATES) 220 30 | 9815 David F. J | lones, Sr. see | # 13 |
| | only one cause per line far (a), (b), and | d (c | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAU | DATE CAUSE 10) CZ= 2041 | , occlusion | | 3deys |
| 410- | DUE TO, OR AS A CONSEQUE | NCE OF | / | 1, |
| Conditions, if any, which | ((b) 12 Lesi | - Selenha he | (d 6/1200 | mut / show. |
| gove rise to immediate couse (a), stating the | DUE TO, OR AS A CONSEQUE | ENCE OF | | |
| underlying cause last | (c) | | | |
| | T CONDITIONS CONTRIBUTING TO | DEATH BUT NOT RELATED TO THE TERM | NINAL DISEASE OR CONDITION GIVEN | N IN PART 1(0) |
| 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING | nyhurte | noon | | |
| 190 DATE OF OPERATION | 196. CONDITION FOR WHICH | OPERATION WAS PERFORMED | | WERE FINDINGS USED NG CAUSES OF DEATH? |
| II L | | | YES NO YES | Land Land |
| OR CONTRIBUTING CAUSE OF | LIGHT A MA MONITH THE | AY YEAR | RED (ENTER NATURE OF INJURY IN ITEM 18, PAR | T I OR PART 2) |
| (IF EITHER, NOTIFY MEDICAL EXAMIN 21d, IN JURY OCCURRED | | 19 | | |
| | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F | 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| WHILE NOT WHILE AT WORK | | | ~ / | 7 |
| 22a. I certify that (I) (this ha sow the deceased alive | spital) attended the deceased from_ | 2 and that in (my) (nur) apinion | death occurred on the date and hour of | that (I) (we) last |
| obove, (l) (we) (did) (did 22b. SIGNATURE | not) view the body after death. | DEGREE | destri occorred on the agric and hour t | 22c. DATE SIGNED |
| 220. SIGNATURE | 1.00-1 | ATTENDING | MEDICAL STAFF | Doila |
| 22d. PHYSIC IAN'S NAME (TYP | ach a.b. | PHYSICIAN] | DIRECTOR PHYSICIAN | 18/1/1/2 |
| 75/20 | Co. 2 /2 /2 / | 30 Has | 1 1 | |
| 100 | acalen 60 | 19 7 4 21 | raci R | |
| 230. BURIAL, CREMATION, REMOV | | NAME OF CEMETERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | OUNTY STATE |
| Burial | 5-11-79 Ro | ose Hill Cemeter | Hagerstown, | maryland |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR
Gerald N. N. Minnich

305 Nass Potomac St. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE CH Hagerstown, Maryland MAY 1 6 1979

Tistry Malherd

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| . Jones, Sr. ses # 13 | Thivse area | 220 30 | no |
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| reary Regulations, Maryland | un With Land Count Co. | 8-11-79 305 M. P. 315 Magazator | Burini Sereld K. Kigni |

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physics should be detoched for use as the burial-transit permit. Then please remove corbanapase with the State Dept. of Health and Mental Hygiene prior to buriol, cremotinn, or removal.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO. | 13-13 | 1 0 0 |
|--|---|--|--|-----------------------------------|---|---|--|
| 1. DECEASED NAME (TYPE OR PRINT) | Ruth | E. | KEFA | UVER | May 24, 197 | | 26. HOUR |
| 3. SEX Female | 4. RACE | .te | 5 DATE O | be BIRTH 24,1906 PEAR | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER) YEAR MONTHS DAYS | IF UNDER 24 |
| 7a BIRTHPLACE (STATE COUNTRY) Funkstown | | S. A. | INTRY? 8 MARRIE WIDOWE | D NEVER MARRIED | 9 BALTIMORE CITY OR CO Washington | | |
| Keedysvil | le Ri | IN SUCH FACILITY, GIV | VE STREET ADDRESS) | DR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSEWILE | KING LIFE) 126. KIND C | one |
| USUAL RESIDENCE (# 130 STATE Maryland | NURSING HOME OR OTHER INST | n Sive Resident | CE BEFORE ADMISSION) OR TOWN SVILLE | 13d INSIDE CITY LIANTS? YES NO | 13e STREEL ADDRESS | | |
| 14 FATHER'S NAME PART David | d Kaylor | . Wii | liams | 15 MOTHER'S MAIDEN NA | Mae | Kin | g |
| 160 WAS DECEASED ET LYES, NO OR UNKNOWN | VER IN U.S. ARMED FORI | 75.63 | 9-9005 | Mr. John K. | WILLIAMS. | W. Baltimo | |
| gave rise to couse (a), st | | TO, OR AS A CO | Ceticselve Ceticselve | gy not for | und. | | |
| gave rise to couse (a), st underlying co | immediate totaling the puse last DUE | ic) NS <u>CONTRIBUTIN</u> | | NOT RELATED TO THE TERM | | JF YES, WERE FINDIN CERTIFYING CAUSES | NGS USED OF DEATH |
| Gave rise to couse (a1, st underlying co | immediate dating the DUE dating the | ICO SCONTRIBUTION SCONTRIBUTION FOR SOME OF INJURY JR A.M. MONT P.M. | WHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 20b. | JE YES, WERE FINDIN CERTIFYING CAUSES YES | NGS USED |
| QUE TISE TO COUSE (G), SI UNDERLYING CO PART 2. OTHER STORM TO THE STO | immediate dating the DUE dating the | ICONDITION FOR SIME OF INJURY JR A.M. MONI P.M. LACE OF INJURY JME, STREET, FACTORY, | WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.) | N WAS PERFORMED | 200 AUTOPSY? 206. | JE YES, WERE FINDIN CERTIFYING CAUSES YES | NGS USED OF DEATH |
| GROOTER BUTTON OF THE PROPERTY | immediate dating the DUE dating the | INS CONTRIBUTION FOR STATE OF INJURY JR A.M. MONT P.M. LACE OF INJURY SME, STREET, FACTORY, and the decaysed | WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.) | 216. HOW INJURY OCCURI | 206 AUTOPSY? 206. YES NO TOWN CITY OR TOWN 10 deoth accurred on the date or | JE YES, WERE FINDING CAUSES YES TEM 18, PART 1 OR PART 2) COUNTY COUNTY | NGS USED OF DEATH' NO STATI |
| gave rise to couse (a), sist underlying control of the couse (a), sist underlying control of the couse (b) and couse (b) and couse (b) and couse (b) and couse (c) and cou | immediate dating the DUE dating the DUE last last last last last last last last | INS CONTRIBUTION FOR STATE OF INJURY JR A.M. MONT P.M. LACE OF INJURY DME, STREET, FACTORY, JOHN STREET, FACTO | WHICH OPERATIO TH DAY YEAR 19 OFFICE, FARM, ETC.) | 216. HOW INJURY OCCURI | 206 AUTOPSY? 206. YES NOTER NATURE OF INJURY IN ITI | JE YES, WERE FINDING CAUSES YES TEM 18, PART 1 OR PART 2) COUNTY COUNTY 19, 19, nd hour ond from the | NGS USED OF DEATH NO STAT that (1) (we causes state |

DHMH - 16 50M 1/76 (VR A 15 (4))

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retained by the hospital or attending physician.

| od: ii | Fay 24. 1975 | | | . Date | |
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| | FOR | 2 | | | DEI | PARTA | STA NENT OF | | ARYLANI | | YGIENE | | | | | | |
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| , | - STA REG | TE SISTRAR | | | | | XAMIN | | | | | | REG | N7 9 | - 1 | 315 | 4 |
| | DECEA TYPE OR | SED NAME | FIRST | | M | IDDLE | | l | AST | | 2 | a. DATE | KNOWN | | ITH DA | AY YEAR | 2b. HOUR |
| | TIPE OR | rkiivi) | John | | FREDER | RICK | | | KEL | LER | 200 | OF | FSTL. | □ MA | Y 8 | 8 1979 | 7:50 |
| 3. 5 | SEX | 4 | RACE | 5. DATE | OF BIRTH | YEAR | 6. AGE (IN YE | ARS IF UNE | | HOURS | | C. DATE | CED | MON | TH D/ | AY YEAR | 2d HOUR 8: 10 |
| | nale | | hite | Nov. | 21,19 | 20 | 58 Y | | DAIS | HOOKS | | DEAD | 40.00 | MAY | | 8 19 79 | AM |
| 7a. | BIRTH | PLACE (STATE N COUNTRY) | TE OR | | EN OF WHAT | COUNT | RY? | 8. MARRIE | D NEVI | ER MARRIE | D 😾 9 | BALTIMO | | _ | | FDEATH | |
| 10 | Vew | Jerse OR TOWN O | Y | US | | | C 10 10 11 C 11 C | WIDOWE | | DIVORCE | | | | ngtor | | | MD |
| | | | | (IF NO | E OF HOSPITA | Y, GIVE STR | EET ADDRESS) | | | ION | FOR MC | AL OCCUP. OST OF WORK | ATION | (TYPE OF WO | RK 112b. | KIND OF BU OR INDUSTI | ISINESS RY |
| | | erstow | IN NURSING HOME OF | D OTHER INE | hington | n Co | unty I | lospi: | al | 7-3 | 1.711 | | | | | | |
| 13a | . STATE | land | Washi | nato | n 13 | COTY C | rstown | 1 | 3d. INSIDE (IT) | Y LIMITS? | 13e. STREE | 65 S | S | i + 7 | *** | 1110 | |
| | FATHE | R'S NAME | THOOTH | | | | | | IS. MOTHER | | | | | IIL E | ivei | iue | |
| | | FIRST | | J. | | | sı eller | | | | | MIC | DDLE | | 0 | LAST | e e |
| 160 | . WAS | DECEASED I | EVER IN U.S. ARA | AED FORC | ES? 1 | bb. SOCI | AL SECURIT | NO. | 7. INFORM | enora | d | | ADDR | ESS | CU | ıttru | II |
| L | (165,14 | D, OR CIRCIO | (IF TES, GIVE V | WAR OR DATE | 1 | 55- | 03-71 | .04 | | | | | | | | | |
| Г | 18 | CAUSE OF | DEATH (Enter onli | y one cau | se per line for | (a), (b), | and (c).) | | | | | | | | | APPROXIMATE | INTERVAL |
| | | PARTIDEA | IMMEDIAT | E CAUSE | (o) E885 | - F | ALL O | SAMI | LEVE | L FRO | OM SL | IPPIN | VG, | 1175 | | 7 DAY | 8 |
| | 7 | 889. | | DL | E TO, OR AS | | | | | | TRIP | PING | | | | 7 HR.5 | OMIN. |
| - | | Conditions, if any, which gave rise to immediate couse (a) stating the under- | | | | | | | | 275 | | | | | | | |
| | | lying couse | oting the <u>under</u> - lost. | | | | | | | | RAL H | EMATO | AMC | AND | -4 | SAME | |
| 3 | PAR | T 2 OTHER CICH | FICANT CONDITIONS C | | | | REBRAI | | | | | | | | | | |
| Z | | . 1 0 1112 71011 | III CANT CONDITIONS | ONTRIBUTIN | O TO ULKIN BUT I | TUT WELATE | O TO THE TERM | NAL UISEASE I | JK CUNUITION (| GIVEN IN PART | [[(g). | | | | | | |
| CERTIFICATION | 19a | DATE OF O | | 191 | . CONDITION | I FOR W | HICH OPER | ATION WA | S PERFORM | ED? | - | | | | 20 | AUTOPSY? | |
| TER | | 4/20/ | 78 | C | EREBRA | L HE | MORRH | AGE & | BRAIN | INJU | JRY | | | | | YES | NO X |
| CFP | 21a. | EXTERNAL | CAUSE WAS | 211 | TIME OF INJ | URY ONTH | DAY VEAD | 21c. HO | W INJURY C | | | | | | | | |
| 3 | CO | NTRIBUTING | CAUSE OF D | EATH | OUR A.M. M | PR.2 | 0 19 7 | APP | RENT | EPILE | EPTIC | SEIZ | ZURE | & FA | LL C | ON SID | EWALK |
| MEDICAL | 21d. | INJURY OC | | | PLACE OF II | FARM, ETC | (AT HOME, | 21f. LOC | EET | | | CITY OR TOW | /N | | COUNTY | | STATE |
| | AT | WORK | AT WORK | | STR | EET | | W. / | NTIET | 'AM ST | REET | , HAG | ERS | TOWN, | WAS | 3H•, | MD. |
| | | 22a. I certify | that I took charge | e of the re | moins describe | ed abave | e, held on | Autopsy | | Inspection | X. | Inquiry | | and in my | opinion | | |
| | de | oth resulted | from Noture | ol couses | L, Acc | ident | X, Sui | cide | Hamicid | de 🔲 / | Undeter | mined mar | nner [|], | | | |
| 1 | AC | TUAL | 50 | 01 | , , 6 | 77 | ^ | | TITLE (SPE | | | | | DA | TE A | 144 8 | 1070 |
| 1 | SIG | NATURE | Muac | | U/Y | * Xt | 777 | M.C | DEPU | | MEDIC | AL EXAMI | INER | SIC | *NFI} | MAY 8, | 1979 |
| 2 | EXA | AMINER'S NA | ME EDWAR | D W. | DITTO | , 11 | 1, M. | | 22250 | HAGER | RSTOW | N. MA | ARYL | AND | KEE | | |
| 23a | BURIA | LCREMATIC | ON,REMOVAL 23 | b. DATE | | 23t. NA | ME OF CEA | | DUKESS | | 23d. LOC | _ | | | | | |
| h | SPECIF OUR | ial | | | 0,1979 | | | | | | | h Bru | ın eur | | NI . | | ATE |
| | NAM | RAL DIRECTO | or Min | nich | Fune | eral | Hom | 9 | 25 | o. DATE RE | C'D. BY R | EGISTRAP | 25b. RE | GURAR | SIGN | FUELLES | dy |
| 1 | 415 | E. V | Vilson | Blvd | d., Hac | gers | town | , Md | | 343 | AT 1 | 1 121 | 3 | | / | 1 | |

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23a. BURIAL, CREMATION, REMOVAL

FOR

REGISTRAR

DECEASED NAME

- STATE

TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO 2a. DATE OF DEATH 2b HOUR May 4. 1979 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Washington 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Housewife Home

13e. STREET ADDRESS Box

MIDDLE

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

LAST

Reid

hours

vears

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NOIX YES T

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN

COUNTY STATE

a, and that in (my) (aux opinion death accurred on the date and hour and from the causes stated

Greensburg

22¢ DATE SIGNED

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

P.O. Box 248, Smithsburg, MD 23c. NAME OF CEMETERY OR CREMATORY

73d. LOCATION

STATE

24. FUNERAL DIRECTOR Davis Funeral Home, Smithsburg,

23b. DATE

Stouffer's Mennonite Maryland

(VRA 15 (4))

DHMH - 16 50M 7/77

24 FUNERAL DIRECTOR Minnich Funeral Home

415 E. Wilson Blvd., Hagerstown, Md. 21740

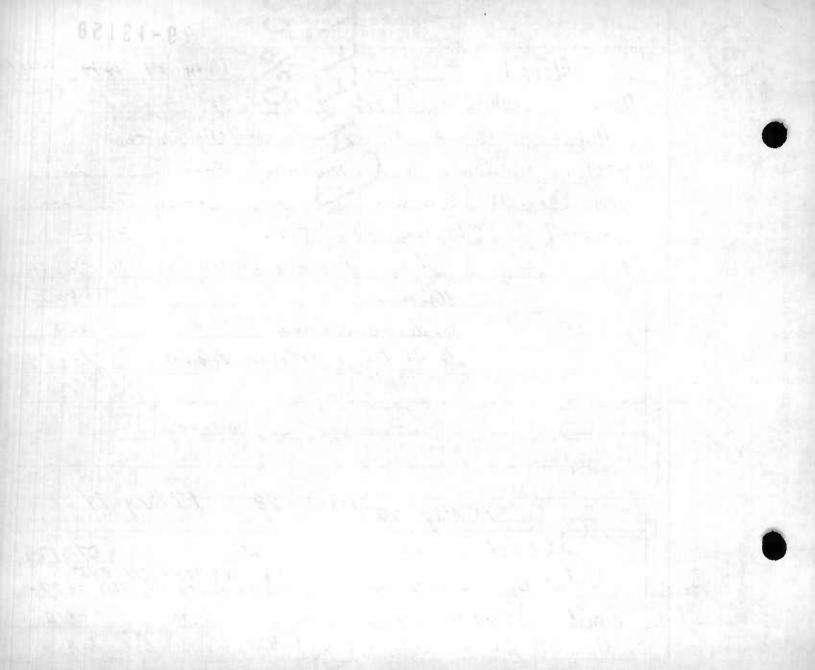
DHMH - 16 50M 7/77 (VR A 15 (4))

FOR

STATE OF MARYLAND 9-13157 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1979 IF UNDER I YEAR DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 713 George Street LAST Elizabeth Reed Harrison Maryland Helen Stone, 713 George St., Hagerstow APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED

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| Trinia Law BISTAL | | ika kalenda (j. v.) Kalendari (j. v.) | |

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 20 DATE OF DEATH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) 12:15 A 3 SEX 4 RACE AGE (IN YEARS WAST BIRTHOAY) DATE OF BIRTH IF UNDER 24 HRS 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED A DIVORCED [1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FARMER DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY 130 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREEL ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR #NKNOWN) (IF YES, GIVE WAR OR OATES) 18 CAUSE OF DEATH (Enter only one couse per line for 10, 1b, and 1c PART I. DEATH WAS CAUSED BY 48 2Cis Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse 0 NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? bei NO Sh 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, nd that in (my) (aur) opinion death occurred on the date and four and from the causes stated abave, (1) (we) (did) (did not) view the body after deat 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF * FUNERAL DIRECTOR PHYSICIAN be de 22d. PHYSICIAN S NAME: (TYPE OR PRINT 22e ADDRESS ld b should b 0 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 NAMEA (VR A 15 (4))



| A | 1. | FOR STATE REGISTRAR | | STATE OF MARYLAND IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH | | 9-13159 |
|--|---------------|--|--|--|---|---|
| (M) to | | CEASED NAME OR PRINT) | e Ruth | Long DATE OF BIRTH | REG. NO. 20. DATE OF DEATH MON 6. AGE (IN YEARS LAST BIRTHOAY | 5 13 79 8:20pm |
| ge 4 Ir | 3 36 | Female | white | MONTH 10AY YEAR 6 | 72 | MONTHS DAYS HOURS MIN |
| oth. Po | 70. B | OUNTRY) | | MARRIED NEVER MARRIED DIVORCED | 9. BALTIMORE CITY OR CO | 1 _/_ |
| is after death. by the funeral filed within 72 is notified at ano | 10 C | or town of treath | 11. NAME OF HOSPITAL, NURSING HOSPITAL SIVE SPECT ADDI | HOME OR OTHER INSTITUTION | 12a. USUAL OCCUPATION I TYPE OF WORK FOR MOST OF WOI | RKING I 126. KIND OF BUSINESS OR INDUSTRY Shoe company |
| in 24 hav | 13a. S | AL RESIDENCE IF NURSING HOME OR I | OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD TY 13c | 134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | Ave. |
| complete to nod 2 | 14. 77 | | pert Moats | Nannie | MIDDLE | LAST |
| nond co | | VAS DECEASED EVER IN U.S. ARA | MED FORCES? 166 SOCIAL SECURIT | Y NO. 17 INFORMANT | Horst, Hages | |
| death certificate to attending physic move carbonpape traumotic event, it | | Conditions, if ony, which gove rise to immediate couse (a), stating the | | of Fall A | ladder | Mineles Ordel AND CHAIN Days Miles |
| ires that the | | PART 2. OTHER SIGNIFICANT C | ONDITIONS CONTRIBUTING TO DEA | <u>ITH</u> BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION | ON GIVEN IN PART 1(0) |
| low requirements of perior to be prior to be been single or prior to be prior | CERTIFICATION | 190 DATE OF OPERATION | 196, CONDITION FOR WHICH OP | ERATION WAS PERFORMED | | B. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO |
| | - | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. | YEAR 19 | RRED JENTER NATURE OF INJURY IN I | TEM 18, PART 1 OR PART 2) |
| NG PHYSICIA offer this certification of the control of the buriol-th on the buriol-th on on Mental or the ond Mental or the one of the control of the one of the control of the one of the control of the | MEDICAL | 21d INJURY OCCURRED WHILE ONT WHILE OF AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM | , ETC.) 211. LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| ATTENDIP sputal or CTOR: A d for use of Health | | 22a.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) (did) (did nat | 0,5-13 19 7 | • | deoth accurred on the date a | , 19 74, that (I) (we) lost and hour and fram the causes stated |
| the hosp I DIREC toched to be Dept. | 1 | 226. SIGNATURE | off. | DEGREE ATTENDING | MEDICAL STAFF | 22c DATE SIGNED |
| HOSPITAL Included by the FUNERAL Included by the Funeral Included the State Included by PORTANT: If | | THE WYSICIAN'S NAME (TYPE OR | KIM | PHYSICIAN 27e. ADDRESS | enng Aug | Hagastown |

23c. NAME OF CEMETERY OR CREMATORY

Manor Cemetery

DHMH - 16 50M 7/77 (VR A 15 (4))

²⁴ FUNERAL HOME NAME 415 E. Wilson Blvd., Hagerstown, Md. 21740

May 16,1979

230. BURIAL, CREMATION, REMOVAL 23b. DATE burial May. 1

23d LOCATION
CITYOR JOHN
Tilghmanton, Wash., Maryland 25 TYPATE REC'D BY REGISTRAR 255 REGISTRANDER

No. Le State Langue temate while the to the WAZ TEE THE WATER THE TEE STATE OF THE

| 6 | | 1. | FOR - STATE REGISTRAR | | | | CERTIF | ICATE OF D | MENTAL HYG | REG. N | | 10. | 60 |
|---|--|---------------|--|-----------------------------|---------------|--|------------|-------------------|--------------|----------------------------------|------------------|--------------|----------------------------------|
| e p | 1 | | OR OR INIT | chae | 1 | MIDDLE | | ERSBE(| CK | May 10, | | YEAR | 2b. HOUR |
| je 4 moy | (M) | 3. SE | male | | RACE white | | S. DATE C. | | 898 | 6 AGE (IN YEARS LAST BIRT | - | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| er deoth. Pog | e funeral direction of the state of the stat | A | RTHPLACE (STATE OR FORI OUNTRY) USTRIA ITY OR TOWN OF DEAT | | USA | WHAT COUNTRY? | WIDOWE | D NEVER A | AARRIED | 120 USUAL OCCUPATI | hingto | on | MI F BUSINESS OR |
| 201 Jrs offe | filed v | | agerstown | | | ch facility, give street edway Road | | | | (TYPE OF WORK FOR MOST O | PF WORKING LIFE) | cement | compan |
| RYLAND 2120 | filled in nould be r must b | 13o | | Nashii | Υ . | 136 CITY OR TOW Hagersto | N | 13d. INSIDE CI | NO 🗆 | 13e. STREET ADDRESS 716 Medwa | ay Road | | |
| MARYL ed within | mpletely ond 2 sh | | Johann Lu | iper | sbeck | LAST | | | Mari Mari | on Nemeth | 1 | LAST | |
| BALTIMORE, in the state of the | Poges 1 | | WAS DECEASED EVER IN YES, NO OR UNKNOWN | | VAR OR DATES) | 213-10- | | 17. INFORMA Sally | | persbeck, I | | own, M | d. |
| W. PRESTON ST., B. | by the ottending physise remove corbonpop t, cremotion, or remove other troumotic event, | | 18 CAUSE OF DEATH PART I. DEATH WA Conditions, if any, gove rise to imme couse (a), stating underlying couse | MMEDIATE which ediote | DUE TO, C | OR AS A CONSEQUE | ENCE OF | des | nlis | gund | SX | 2 r | MATE INTERVAL INSET AND DEATH |
| RECORDS, 201 | is been signed sermit. Then ples the prior to burions on the prior or the burions on the prior or the burions of the prior to burions or the prior to burions or the prior the prior to burions or the prior to burious the prior to bu | CERTIFICATION | PART 2 OTHER SIGNI | De | ~ | ONTRIBUTING TO D | | | | 200 AUTOPSY? | 20b. IF YES, V | WERE FINDIN | GS USED OF DEATH? |
| DIVISION OF VITAL RECORDS | rending physicion re this certificate high the buriol-tronsit pond Mentol Hygien ced or frem 18 show | MEDICAL CERTI | 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHILE | LEXAMINER) | H HOUR A | OF INJURY M. MONTH D, M. OF INJURY TREET, FACTORY, OFFICE, F | 19 | 216. HOW IN | | YES NO | | OUNTY | NO STATE |
| DIN L OR ATTENDING | the hospitol or o IL DIRECTOR: Afte etoched for use os te Dept. of Heolth, it if them 21 is mork | | 270. I certify that (I) (I sow the deceased obove, (I) (| this hospito | man | 10 19 | / | DEGREE | TTENDING | deoth occurred on the d | FF | and from the | |
| TO HOSPITA | etoined by TO FUNERA should be de with the Stol | | 220, PHYSICIAN'S NAM | VE TYPE OF | 1 | Find 123 | NAME OF C | 220 ADDRES | | cken J | nm | U / | |

DHMH - 16 50M 7/77 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVAL (SPECEY) Minnich Funeral Home 24. FUNERAL DIRECTOR

415 E. Wilson Blvd., Hagerstown, Md. 21740

231. NAME OF CEMETERY OR CREMATORY May 14,1979 Rest Haven Cemetery

23d LOCATION
CITYORTOWN
Hagerstown, Wash., Maryland

250 MAYEG DAY BEFORAR 256 Commander Store

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| SZELY LAWA | |

(VR A 15 (4))

191-91-2923 Ed. D. 11-8 Contact of Contact o

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Takes from, 28.3 U. S. A.

Cand H. Weber St. . Hooden to, No. 2011.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | 1. | - STATE REGISTRAR | | CERTIFIC | CATE OF DEATH | REG. 1 | 79- | 13162 |
|-------------------|---------------|---|--|--------------------|--|--|---------------------------|---|
| / | | CEASED NAME FIRST AND REW | MIDDLE | MAR | TIN | 20. DATE OF DEATH | MONTH DAY | YEAR 26 HOUR 6:35 A |
| | 3. SE | | 1 RACE White | S DATE OF MONTH | BIRTH DAY 1894 | 6 AGE (IN YEARS LAST BI | YRS. | ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN. |
| 35 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) | 76 CITIZEN OF WHAT CO | MARRIED WIDOWED | NEVER MARRIED (| 1.1001 | ung for | CO., MD. |
| Tourised Tourised | 10 C | agers town | (IF NOT IN SUCH FACTLITY | | other Institution | 120 USUANOCCUPA (THE OF WORK FOR MOST - ADORE) | OF WORKING LIFE) INTE | KIND OF BUSINESS OR DUSTRY FEED (C. |
| 33 | 13a. S | AL RESIDENCE (IF NURSING HOME OR 13b COUN | ITY 136 CITY | ers to way | 13d. INSIDE CITY LIMITS? YES NO (A) | RA# | 46 | |
| 2/1 Can | 14. FA | Michael 1 | AIDDLE W. Ma | ntin | IS. MOTHER'S MAIDEN I | NAME MIDDLE | Horst | LAST |
| medical line | | WAS DECEASED EVER IN U.S. AR/ YES, NO OR UNKNOWN) THESE GIVE | MED FORCES? 166 SOC WAR OR DATES) 214 | 211 777 | 17 INFORMANT | el E. Man | tin-Hage | erstown, Md |
| event, me | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) | ly one cause per line for (c D BY: E CAUSE (o) | Styline | feart. | Fachiso | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| amer traumant | | Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CO | mary 1 | truy | disirse | | yeas |
| injury, or | NOIL | PART 2. OTHER SIGNIFICANT C | ama P | t. lun | g/ | | | |
| 2 and | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOI | R WHICH OPERATION | WAS PERFORMED | 200 AUTOPSY? | | E FINDINGS USED CAUSES OF DEATH? NO |
| 7 | | 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | 110110 4 44 4101 | NTH DAY YEAR | 21c. HOW INJURY OCC | URRED (ENTER NATURE OF IN) | URY IN ITEM 18, PART T OR | (PART 2) |
| morked or | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJUR (AT HOME, STREET, FACTOR | | 21f. LOCATION STREET | CITY OR TO | OWN COL | OUNTY STATE |
| SI 12 W | | 220.1 certify that (I) (this haspit sow the deceased alive an above (I) (we) (did) (did not | Thanch | 27 _/1, and | | on death occurred on the | | |
| | | 22b. SIGNATURE | 4- Pu | w | | MEDICAL STA | AFF | 2c. DATE SIGNED |
| MPOKIAN | | 224 PHYSICIAN S NAME OF EOR | 2"/A F | . Jus | A 382 | S. CLE | UELAN! | 0 |
| < | 230 | BURIAL, CREMATION, REMOVAL | 73h DATE | 23c. NAME OF CE | METERY OR CREMATOR | Y 23d. LOCATION | count | Y GLAS (BTATE |

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

BY REGISTRAR MAY 21

SENSULIE WASHILE

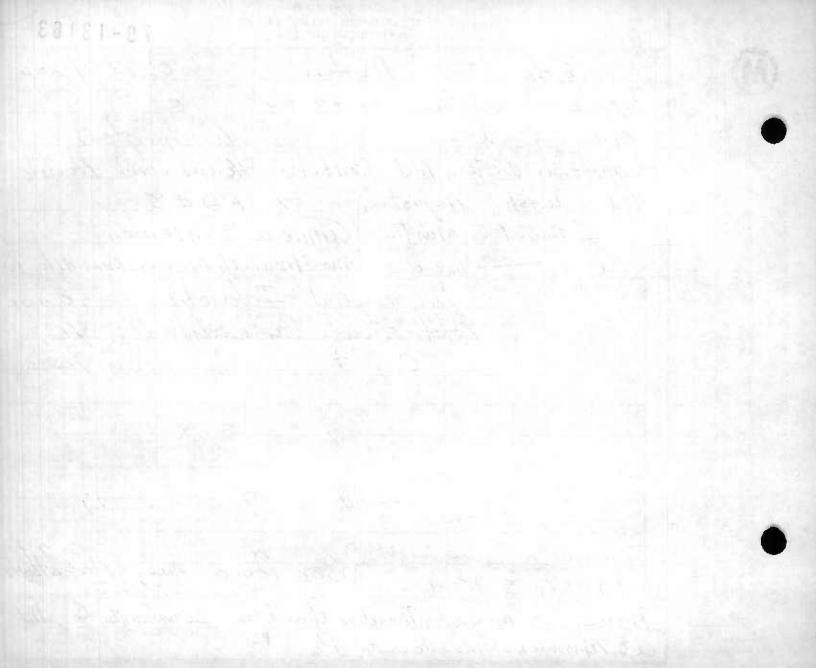
256-LEGISERAR'S CONFURE

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\$ 0 1 8 1 - e v The control of the co Date 40. The street which the true LANK and not make the second of the Sugar thereof is the Chieffel Low des Hagragorie and AND THE RESIDENCE OF THE PARTY OF THE PARTY

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME 2b HOUR (TYPE OR PRINT) W (000 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) SELINDED I VE AL 3 SEX 5 DATE OF BIRTH MONTH YEAR MONTHS 0 YRS 70 BIRTHPLACE L CITIZEN OF WHAT BALTIMORE CITY OF COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED 10 CITY OR TOWN OF BEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR usekeeper CE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13d. INSIDE CITY LIMITS? pino Gers low 14 FATHER'S NAME MOTHER'S MAIDEN NAME FIRST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO OLYNKHOWN) LIKHOWK 18 CAUSE OF DEATH Enter only one couse per line for PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate other 1 couse 101, stoting DUE TO, OR AS A CONSEQUENCE underlying couse lost ö ā PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN BART 11th CERTIFICATION prior ony 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? shows be entol Hygiene YES NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH fem MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f LOCATION W puo 21d. INJURY OCCURRED 21e. PLACE OF INJURY morked or (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220. I certify that (I) (this hospital) attended the deceased from that (1) (we) lost . 5 sow the deceased alive on_ ond that in (my) (our) apinion death accurred on the date and hour and from the causes stated o obove, (1) (we) (did) (did not) view the body ofter death DIRECT 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING = MEDICAL STAFF DIRECTOR PHYSICIAN MPORTANT: ICIAN'S NAME LTYPE OF PRINT should b 23d. LOCATION 234 NAME OF CEMETERY OR CREMATORY 23b. DATE CREMATION, REMOVAL BP BAR 256 REGISTRAR IGNATURE DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 7 | q | _ | 1 | 3 | 1 | 6 | 4 |
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| 1 | 0 | | | V | | 0 | |

| | 1 - | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO | 19- | - 131 | 0 4 |
|----------|-----------------|--|-----------------------|------------------------|------------|-------------------------------|----------------------------|----------------|-------------------------|----------------------------------|
| | | CEASED NAME FIRST | MID | PDLE | U | AST | 20 DATE OF DEATH | | YEAR | 2h HOUR |
| | (TYPE | Clara | Ro | zella | Me | rtin | May 14, 1 | 1979 | | 8:30Pm |
| 3 | . SE | X | 4 RACE | | S. DATE O | | 6. AGE (IN YEARS LAST BIRT | | UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN |
| | | Female | White | | Octol | per 6, 1922 | 56 | YRS | NTHS DAYS | HOURS MIN |
| 7 | | IRTHPLACE (STATE OR FOREIGN | 16 CITIZEN OF W | HAT COUNTRY? | 8 | NEVER MARRIED | 9 BALTIMORE CITY O | R COUNTY O | FDEATH | EJ.EVAL. |
| 3 | | Maryland | USA | | WIDOWE | - | Washing | ton Cou | nty | MD. |
| 1 | 0 CI | ITY OR TOWN OF DEATH | | SPITAL, NURSING | | ROTHER INSTITUTION | 120 USUAL OCCUPATI | | 12b. KIND O INDUSTRY | F BUSINESS OR |
| | | ngerstown / | 57 Sou | th Potom | nac St | treet | Housewife | | | |
| | USU 4 13a. S | AL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION, G | IVE RESIDENCE BEFORE | ADMISSION) | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | | |
| | | | ington | Hagersto | wn | YES X NO | 57 South | Potoma | c Stre | et |
| I | 4. FA | ATHER'S NAME FIRST | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NA | MIDDLE | | LAS | r_ |
| 11 | | Harry | | Eissner | | Floren | | | Womac | |
| 1 | | WAS DECEASED EVER IN U.S. AR | WAR OR DATEST | 6b. SOCIAL SECUR | | 17 INFORMANT | 57038 | outh Po | tomac | St. |
| L | | No | - 2 | 217-12-16 | 065 | William G. Ma | artin Hager | estown, | Md. 2 | |
| | | 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE | ly one couse per li | ne for (a), (b), and | ICV | , | 1 | | BETWEEN | MATE INTERVAL DNSET AND DEATH |
| | | | E CAUSE (o) | LIVP | N | CITTHOSIS, | advanad | | · year | 2 |
| | | 9/12 | DUE TO, OR | AS A CONSEQUE | NCE OF | , | 0 11. | | | |
| | | Conditions, if any, which gove rise to immediate | (b) | | | CHRONIC GU | rechouses | | Jest. | |
| | | cause (a), stating the underlying cause lost. | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | |
| | | | (c) | | | | | | | |
| 1 | Z | PART 2. OTHER SIGNIFICANT | | | EATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVEN | IN PART 10 |)) |
| \dashv | CERTIFICATION | 19a DATE OF OPERATION | anem 19h CONDITI | | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, V | WERE FINDIN | IGS USED |
| 0 | IFIC. | The DATE OF CHARACTER | | | | | YES NO NO | IN CERTIFY II | NG CAUSES | OF DEATH? |
| 0 | ERT | 71a. ACCIDENT WAS UNDERLYING | 21b. TIME OF | INJURY | - | 21c. HOW INJURY OCCUR | | | | 110 |
| / | | OR CONTRIBUTING CAUSE OF DE | un . | MONTH DA | | | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED | P.M. 21e. PLACE OI | | 19 | 211. LOCATION | | | | |
| | ME | WHILE NOT WHILE THE AT WORK | (AT HOME, STREE | T, FACTORY, OFFICE, FA | RM, ETC.] | STREET | CITY OR TO | VN. | COUNTY | STATE |
| | | 220.1 certify that (I) (this haspi | tal) attended the | deceased from | 8/8 | 19.78 | | . 19 | 79 | that (I) (we) last |
| | | saw the deceased alive on | 4/18 | 19 7 | 19,00 | nd that in (my) (aur) apinion | death accurred on the d | ote and haur a | | |
| | | abave, (1) (we) (did) (did no 22b. SIGNATURE | y ew the body at | fter death. | | DEGREE | | | 22c. DATE | SIGNED |
| | | // | 1 ilan | c 2 2 18 | - | ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN [] | 5/15 | 129 |
| 1 | | | 1 - 19 NY 9 | 1 11114 | | | | - | | |
| \dashv | | 224. PHYSICIAN'S NAME (HIPE | R PRINT) | 7' | | 22e ADDRESS | | - | 1 | 1 |
| | | 22d. PHYSICIAN'S NAME (MPEC | KANG | | | 1933 Va | . Ave., Had | genston | on, M | 1 |
| 1 | 23a E | BURIAL CREMATION, REMOVAL | KANG | 23c, N | AME OF C | | 123d LOCATION | 1 | on, M | STATE |
| | - (| W.B | KANG | | | 1933 Va | | | On, M | STATE |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be defoched for use as the burial-transit permit. Then please remove carbonpapewith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician BP.

completely filled in by the funeral directors of and 2 should be filed within 72 hours of

remove carbonpopers. Pages

injury, or other troumatic event, the medical examiner must be notified at once.

IMPORTANT: If Item 21 is morked or Item 18 shows any

A.K. Coffman Funeral Home, Inc. Hagers town, Md.

DHMH - 16 50M 7/77 (VR A 15 (4))

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medical examiner must be notified at once

injury, ar ather troumotic event, the

MPORTANT: If Irem 21 is marked ar Irem 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2165

| | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. | NO. | 9-131 | 0 0 | |
|-----|---------------------|---|--------------|--|---|------------------|--|--|-----------------|---------------------|-------------|---------------|
| | | EASED NAME | FIRST | | AIDDLE | L | AST | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOU | R |
| | (1)10 | R'a | aymor | nd Gra | indvall | MA | ZINGO | May | 11, | 1979 | | М |
| | 3. SE> | | | 4 RACE | | S. DATE C | | 6. AGE (IN YEARS LAST | BIRTHDAY) | MONTHS DAYS | IF UNDER | 24 HRS MIN |
| 93 | | male | | whit | :e | Aug | . 29, 1916 | 6 | 11/2 | | | |
| 3 | | RTHPLACE (STATE OR FO | DREIGN | U.S. | what country? A_{ullet} | MARRIE WIDOWE | D NEVER MARRIED X | 9. BALTIMORE CITY Wash | ington | | | MD. |
| 79 | | TY OR TOWN OF DEA Agerstown | тн | (IF NOT IN SUC | HOSPITAL, NURSIN HEACILITY, GIVE STREET JOHN COUN | ADDRESS) | spital | 12a USUAL OCCUP. (TYPE OF WORK FOR MOS | T OF WORKING L | | F BUSINE | SSOR |
| 36 | USUA 130 S Ma | L RESIDENCE HE NURS TATE TYLAND | Wash | other institution, ITY Ington | GIVE RESIDENCE BEFORE 13c CITY OR TOW Hagerst | N | 13d. INSIDE CITY LIMITS? YESX NO [| 13e STREET ADDRES | s | | | |
| | 14. FA | THER'S NAME | | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME MIDDLE | | LAS | T | |
| 111 | | Alfred | | B. | Mazing | 0 | Lena | F. | | Baker | | |
| 1 | | AS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | | 17 INFORMANT | | DRESS | | | |
| - | | | TEN. | | 219-12-1 | 450A | Mr. Edward Ma | azingo, Ha | gersto | | | |
| 7 | | 18 CAUSE OF DEATH PART I. DEATH W | AS CAUSE | nly one couse per D BY: TE CAUSE (0) | line for (a), (b), an | · Ca | diae anti | | | 15m | MATE BITES | čěkm. |
| Ą | | 1419 | IMMEDIA | | R AS A CONSEQUE | ENCEDE | 0 | The State of the S | - | | | |
| | | Conditions, if ony, | | (1b)_ | Aguar | mero | Cocinoma | the 7 | ngen | - 14 | cor | - |
| 6 | | gove rise to imn couse (a), statin | g the | DUE TO, OI | R AS A CIÓNSEQUE | ENCE OF | 6 | / | U | 0 | | |
| | 10 | underlying couse | lost. | (c) | 4 | | | | | | | |
| | 7 | PART 2. OTHER SIGN | VIFICANT (| CONDITIONS CO | INTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CO | ONDITION G | IVEN IN PART 10 | 3 1 | |
| | TION | | | | | 00504710 | | 20a AUTOPSY? | Table IE V | ES, WERE FINDIN | LCC LICE | |
| 2 | ERTIFICAT | 1/22/ | 79 | 16 | cnoma | of to | N WAS PERFORMED | YES NO | IN CERT | IFYING CAUSES | | TH? |
| 9 | 0 | 210. ACCIDENT WAS UNE | _ | | FINJURY M. MONTH D. | AY YEAR | 24. HOW INJURY OCCURE | RED (ENTER NATURE OF II | JURY IN ITEM 18 | , PART 1 OR PART 2) | | |
| | MEDICAL | (IF EITHER, NOTIFY MEDIC | AL EXAMINER) | P., | | 19 | - CONTION | | | | | |
| | MED | 21d. INJURY OCCURE WHILE NOT WE AT WORK AT WO | | 21e PLACE | OF INJURY REET, FACTORY, OFFICE, F | FARM, ETC.) | 211 LOCATION STREET | CITY OR | TOWN | COUNTY | ST | TATE |
| | | 22a.1 certify that (1) sow the decease above, (1) (we) (c | ed alive an | may 1 | 1197 | 1900 | 4, 1473, 19 nd that in (my) (aux) opinion | deoth occurred on the | date and he | | that (1) (s | , |
| | | 22b. SIGNATURE | P | m | oner death. | | DEGREE ATTENDING | MEDICAL S DIRECTOR PHY | TAFF | 22c. DATE 5// | SIGNED | 9 |
| | | 22d. PHYSICIARYS NA | AME (TYPE C | R PRINT) | | | 22e ADDRESS/ | A THE TOTAL PRINT | S | / | | |
| 1 | | John | A. A | MORAN | M.D. | | 215 N. Wast | inglen & | T. H | agiston | n, 1. | nd |
| | | BURIAL, CREMATION, SPECIFY) Burial | REMOVAL | May 14 | | | EMETERY OR CREMATORY | 238. LOCATION CITY OR TOWN | | COUNTY | | ATE |
| | | | | Lad Ta | וכן בוכבו | L. Fal | is cenetery | ICLEAR S | orina. | Wash. | Mary | Land |

DHMH - 16 50M 7/77 (VR A 15 (4))

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^{24 FUNERAL DIRECTO}Minnich Funeral Homes 415 E. Wilson Blvd.Hagerstown, Maryland 21740

ery Clear Spring Wash Maryland

19161-64 A STATE OF THE PROPERTY OF THE PARTY OF THE Lots to the same with the same of the same ments by the said the minimum.

| | 1- | FOR STATE REGISTRA |
|--|----|--------------------------|
| A CONTRACTOR OF THE PARTY OF TH | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13166

| | | REGISTRAR | | | | CERTIF | CATE OF | DEATH | RE | G. NO. | 3 | | | |
|-----|---------------|---|--|-------------------------------------|--|-------------------------|---------------|--|---------------------------|---------------------|-------------|----------------------------|-------------------------|---------|
| | | CEASED NAME OR PRINT) | athe | | Elizabe | th MC | CFARLA | AND | 20. DATE OF DEA | TH MONT | | 1979 | 2b. HOUR | м |
| | 3 SEX | Female | | 4 RACE Whi | te | Feb. | | 1987 | 6. AGE (IN YEARS L | 72 | | FUNDER I YEAR | | MIN. |
| 35 | | RTHPLACE (STATE OR FO | DREIGN | 76. CITIZEN OF | what Country? .A. | 8. MARRIEI WIDOWE | | MARRIED | 9. BALTIMORE C | _ | hing | | | MD. |
| 79 | H | ry or town of DEA lagerstown | 1 | Washin | HOSPITAL, NURSIN THEAGILITY, GIVE STREET OPTON COU | nty H | | | 12a USUAL OCC | | RKING LIFE) | | OF BUSINESS | SOR |
| 36 | 13a. S | L RESIDENCE (IF NURS TATE TYLAND | 13b COUN Was | other institution ity nington | GIVE RESIDENCE BEFORE 13 CITY OR TOWN Hagerst | E ADMISSION) | 13d. INSIDE C | NO 🗌 | 13e STREET ADDI Walnut | ESS Towes | rs | | | |
| 211 | 14 FA | Warren | W | • MIDDLE | Winters | | | S MAIDEN NA/ FIRST TY | MIC | DLE | | Stone | er Er | |
| 1 | 16a W (YI | AS DECEASED EVER ES, NO OR UNKNOWN) | | MED FORCES? WAR OR DATES) | 217-03-1 | | Mrs. | | Thurston | iddress 1, Hac | gers | | Maryla NONSET AND DE | |
| 25 | CERTIFICATION | Conditions, if ony, gove rise to immouse (o), storm underlying cause PART 2. OTHER SIGN 19a DATE OF OPERA | nediate g the last | DUE TO, O | R AS A CONSEQUE | DEATH BUT | NOT RELATE | | INAL DISEASE OR | 206 | . IF YES, | N IN PART I | | 1? |
| 9 | MEDICAL CER | 210. ACCIDENT WAS UNE OR CONTRIBUTING COME ETHER, NOTIFY MEDIC 21d. IN JURY OCCURF WHILE NOTIFY HOT WITH AT WORK NOTIFY Sow the decease above, (1) (we) (2 27b. SIGNATURE | AUSE OF DEAL EXAMINER) RED HILE (this hosping did) (did no | 21e. PLACE (AT HOME, STI | M. MONTH D, M. OF INJURY REET, FACTORY, OFFICE, F | 19 FARM, ETC.) | DI LOCATI | ON (our) opinion of ATTENDING PHYSICIAN | RED (ENTER NATURE C | OR TOWN The dole o | , 1º | county 9 1 9 ond from the | stati | e) lost |
| 1 | 23o. B | 22d. PHYSICIAN'S NA W. 7 URIAL, CREMATION. | 4. 1 | Texa A | 236.1 | NAME OF C | 138 | - 1 | He tou | | Ho | 19 29 | found n | Nd |
| | (5 | Burial | | May 16 | ,1979 0 | ak La | wn Cem | etery | Baltin | ore, | | yland | STATE | E |
| | 41. | 5 East Wil | son I | Blvd., F | lagerstown | n, Mai | yland | 111/- | 11 1 0 131 | | | / | 7 | |

DHMH - 16 50M 7/77 (VR A 15 (4))

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filled wit with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

00181-07 was a second and a second at the 100 - 4 A 13.0P months of the wife or was a selected of the good of La Company of the Com THE MAN PROPERTY OF THE PARTY O

STATE OF MARYLAND

V8 181 - 0 T 1 1 1873 TEACH TO VALUE TO VAL a secret appearance for the state of the

STATE OF MARYLAND

FOR - STATE

er must be natified at ance.

injury, or other traumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remave carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If Item 21 is marked or Item 18 shaws any

nding physician and completely filled in by the corbangapers. Pages I and 2 shauld be filed

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

| 7 | 9 | garet) | 13 | - | 6 | 8 |
|---|---|--------|----|---|---|---|
| | | | | | | |

| 3 | | REGISTRAR | | CERTII | ICAIL OI DEATH | REG. NO. | |
|-----------------------|---------------|---|-------------------------------|--|-----------------------------------|--|--|
| | I DEC | CEASED NAME FIRST OR PRINT | Her " | C ordon | chtzer | 20 DATE OF DEATH MONTH DA | 9:30A |
| | 3 SEX | · M | 4 RACE CO | S. DATE C | | of Fred (In the sale brief balling) | UNDER I YEAR IF UNDER 24 HRS INTHS DAYS HOURS MIN |
| | | RTHPLACE (STATE OR FOREIGN | TO CITIZEN OF | VHAT COUNTRY? | | 9. BALTIMORE CITY OR COUNTY C | FDEATH |
| 3 | | Maryland | INS | WIDOWE | | Washington | MD. |
| 1 | 10. CI | TY OR TOWN OF DEATH | (IF NOT IN SUCH | OSPITAL, NURSING HOME OF PACILITY, GIVE STREET ADDRESS) Maryland Hosi | | 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY |
| | USUA | AL RESIDENCE (IF NURSING HOME OR | OTHER INSTITUTION, | GIVE RESIDENCE BEFORE ADMISSION) | | | |
| 5 | M | | ington | Hagerstown | YES NO | 215 Taylor Aver | nue |
| 11 | | Gran | nt Ment | | 15. MOTHER'S MAIDEN NAM | WIDDLE | LAST |
| | | VAS DECEASED EVER IN U.S. AR | MED FORCES? WAR OR DATES) | 188-03-9187 | Pauline M. Me | entzer, Hagerstow | n, Md. |
| The Court of the Land | | 18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse last. | D BY: E CAUSE (o) DUE TO, OR | as a consequence of as a consequence of | epiratory | failure | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN hartes |
| | _ | PART 2 OTHER SIGNIFICANT C | ONDITIONS CO | MTRIBUTING TO DEATH BUT | | INAL DISEASE OR CONDITION GIVE | N IN PARTY (D) |
| 2 | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDIT | ION FOR WHICH OPERATION | N WAS PERFORMED | | WERE FINDINGS USED NG CAUSES OF DEATH? |
| 1 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | 21b. TIME OF HOUR A.A | MONTH DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF INJURY IN ITEM 18, PAR | T (OR PART 2) |
| | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE C | | 21f LOCATION STREET | CITY OR TOWN | COUNTY STATE |
| | | 220.1 certify that (1) (this haspi sow the deceased alive on abave, (1) (we) (did) (did no | - 5 / | 17 2.1 | | eath accurred an the date and haur of | |
| | | 22b. SIGNATURE | to P | Palmo m | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE SIGNED |
| 1 | | 22d. PHYSICIAN'S NAME (TYPE OF | PPa | lomo | 220. ADDRESS Wastern | . Mo Ceni | tu |
| | 230. 8 bu | BURIAL, CREMATION, REMOVAL SPECIFY) TIAL | May 19, | ,1979 Cedar H | EMETERY OR CREMATORY III Cemetery | 23d. LOCATION CITY OR TOWN Greencastle, Fra | nklin, Penna. |
| | | INERAL DIRECTOR | Minnio | ch Funeral Hom | e 250. DATE | REC'D. BY REGISTRAR 256. REGISTRA | AR'S SIGNATURE |
| | | 415 E. Wilson E | lvd., Ha | agerstown, Md. | 21740 MAY 9 | 27 1979 Ristan | he Produ |

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 7 | q | - | 1 | 3 | 1 | 6 | 9 |
|-----|---|---|---|---|---|---|---|
| - 1 | U | | | 0 | | - | |

| 1 | - STATE REGISTRAR | | | CERTI | FICATE OF DEATH | REG. N | o. 1 3 | 1-13 | |
|---------------|--|------------------------------|---------------------------------------|------------|------------------------------------|--|---------------|-------------------|-------------------------------------|
| | CEASED NAME FIRST | | MIDDLE | 2.34 | LAST | 20. DATE OF DEATH | HTMOM | DAY YEAR | 2b. HOUR |
| 1,,,,, | Luther | J | ohn | MO | ATS | May 2, 19 | 979 | | . A |
| 3 SE | X | 4 RACE | | 5. DATE (| OF BIRTH H DAY YEAR | 6. AGE (IN YEARS LAST BIRT | HDAY) | IF UNDER I YEAR | IF UNDER 24 HRS |
| | male | white | | | ust 16, 190 | 78 | YRS. | MONTHS: DATS | MOOKS MIN. |
| | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF | WHAT COUNTRY? | 8 | D X NEVER MARRIED | 9. BALTIMORE CITY O | | Y OF DEATH | |
| | ryland | USA | | WIDOWI | | Washingt | on | | WC |
| | ITY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120. USUAL OCCUPATION OF WORK FOR MOST O | | | OF BUSINESS OR |
| Ha | gerstown | | gton Coun | | ospital | (TIPE OF WORK FOR MOST O | WORKING L | - | y Parks |
| 130. | AL RESIDENCE (IF NURSING HOME C STATE 13b COU LYLAND Was | OR OTHER INSTITUTION | | ADMISSION) | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS | la | | 10.00 |
| _ | ATHER'S NAME | migwii | Inagersu | WII | YES NO 15. MOTHER'S MAIDEN NAM | | unn F | Avenue | |
| | FIRST | MIDDLE | LAST | | FIRST | MIDDLE | | LA | ST |
| 140.3 | Jesse J. I | | 16b SOCIAL SECU | DITY NO | Annie Annie | E. Bower | | | |
| | | VE WAR OR DATES | | | | | | | |
| | No | | 214-09-2 | 382 | Elton Moats | ,_Hagerstow | n, Ma | | STEP NAMED A STREET |
| | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | inly ane cause per ED BY: | line for (a), (b), and | d (c).) | | | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| | | | Myocard | ial | Infarction | | | Sud | den |
| | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | (b) | r as a conseque | | | | | | |
| 20 | and the second second | | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | DITION GI | IVEN IN PART 1 | al |
| CERTIFICATION | Atheroscle | | ITION FOR WHICH | OPERATIC | N WAS PERFORMED | 200 AUTOPSY? | IN CERT | S, WERE FINDI | NGS USED OF DEATH? |
| | 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D | HOUR A. | PFINJURY M. MONTH DA M. | YEAR | 21c. HOW INJURY OCCURR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18. | PART 1 OR PART 2) | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE (AT HOME, ST | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.] | 211 LOCATION STREET | CITY OR TOV | M | COUNTY | STATE |
| | 22a.1 certify that (I) (this has saw the deceased alive a abave, (I) (we) (did) (did n | n | 19 | | nd that in (my) (aur) opinion o | , to death accurred an the do | | | that (I) (we) last causes stated |
| | H.N. Weeks, | M.D. 1 | for E.W. | | to 11 TITENDING | MEDICAL STAI | | | 3/79 |
| | 22d. PHYSICIAN'S NAME (TYPE | 1 Zu | Ill | | 22e ADDRESS 580 North | ern Ave, | Hag. | Md. | 2010 |
| | BURIAL, CREMATION, REMOVA (SPECIFY) | May 5, | | | EMETERY OR CREMATORY Hill Cemetery | 23d LOCATION CITY OF TOWN Hagersto | wn. w | county | STATE Iand |

BP

etained by the haspital

TO FUNERAL DIRECTOR: After this certificate has been signed by the attershould be detached far use as the burial-transit permit. Then please remayer with the State Dept. of Health and Mental Hygiene prior to burial, cremation

MPORTANT: If Item 21 is

Minnich Funeral Home DHMH - 16 50M 7/77 (VR A 15 (4))

Rose Hill Cemetery

23d. LOCATION CITY OR TOWN COUNTY Hagerstown, Wash., Maryland

Minnich Funeral Home
415 E.Wilson Blvd., Hagerstown, Md. 21740

May 5,1979

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

| | | | | STAT | E OF MARYLAND | | | | |
|----|---------------|--|--|---|--|---|-------------------------------|------------|-------------------------------------|
| | 1. | FOR STATE REGISTRAR | DEF | | HEALTH AND MENTAL HYG FICATE OF DEATH | REG. N | . 79 | -13 | 170 |
| | | CEASED NAME FIRST E OR PRINT) | MIDDLE | | LAST | 20 DATE OF DEATH | MONTH DAY | YEAR | 2b. HOUR |
| | | Harry | Allen | Mood | | May 1 |). 197 | 79 | 6:55% |
| | 3 SE | | 4 RACE | MONT | OF BIRTH H DAY YEAR | & AGE IN YEARS LAST BIR | THDAY] IF UN | HS DAYS | IF UNDER 74 HRS |
| | | Male | White | Sep. | tember 13,18 | | YRS. | | |
| F | 70. B | Märyland | 76 CITIZEN OF WHAT COUN | MARRIE WIDOWE | D NEVER MARRIED DIORCED DIORCED | Washing | | | , MD. |
| 0 | Wi | ITY OR TOWN OF DEATH | | ort Nu | rsing Home | 12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O Machinis | ON F WORKING LIFE] | NDUSTRY | k Co. |
| 5 | 13a : | · · | TY 13c CITY OF | | 131. INSIDE CITY LIMITS? | | Locust | Stre | et |
| 11 | 14. F/ | John Hen | MDDIE Ty Moody | ı | IS MOTHER'S MAIDEN NAME FIRST | WE | Po | rtne | |
| ā | lée V | WAS DECEASED EVER IN U.S. AR | MED FORCES? 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDRI | | 71 0110 | |
| / | | YES, NO OR UNKNOWN) (IF YES, GIVE | 176_ | 01-7496 | Clara J. | Fizer, 26 | 53 Lake | | Drive |
| | z | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (| DUE TO, OR AS A CONS (b) LEGALE DUE TO, OR AS A CONS (c) CHOCK [CONDITIONS CONTRIBUTION | SEQUENCE OF SEQUENCE OF BEQUEE PAGE | y. askaliz hypoting - | DEBELTS MOLLIT | | N PART 1(o | 31 |
| 7 | CERTIFICATION | 190 DATE OF OPERATION | 196 CONDITION FOR W | HICH OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING | G CAUSES | |
| 7 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) | | H DAY YEAR | 21c. HOW INJURY OCCURE | | | | NO [] |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | (AT HOME, STREET, FACTORY, C | OFFICE, FARM, ETC.) | 211. LOCATION STREET | CITY OR TO | VN C | COUNTY | STATE |
| | | 220 I certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did no | | 19.79 . 01 | nd that in (my) (Dur) Opinion (| to hoy 10 h- | te and hour and | | that (I) (we) last couses stated |
| | | 276. SIGNATURE Byd D. | Johnson | | MP. ATTENDING PHYSICIAN | MEDICAL STA | FF _ | 22c DATE | SIGNED |
| 1 | | 22d, PHYSICIAN'S NAME (TYPE) | RINT) | | 22R ADDRESS | | | | |
| | | BURIAL, CREMATION, REMOVAL SPECIFY) Burial | 23b. DATE 5-14-79 | | EMETERY OR CREMATORY Haven Cemete | 23d LOCATION CITY OR TOWN ENY Hagers | stown, | wash | state Md. |
| | 24 6 | | | | 01 0.17 | F AFC AV AFC TA | 201 05 010 75 15 | | |

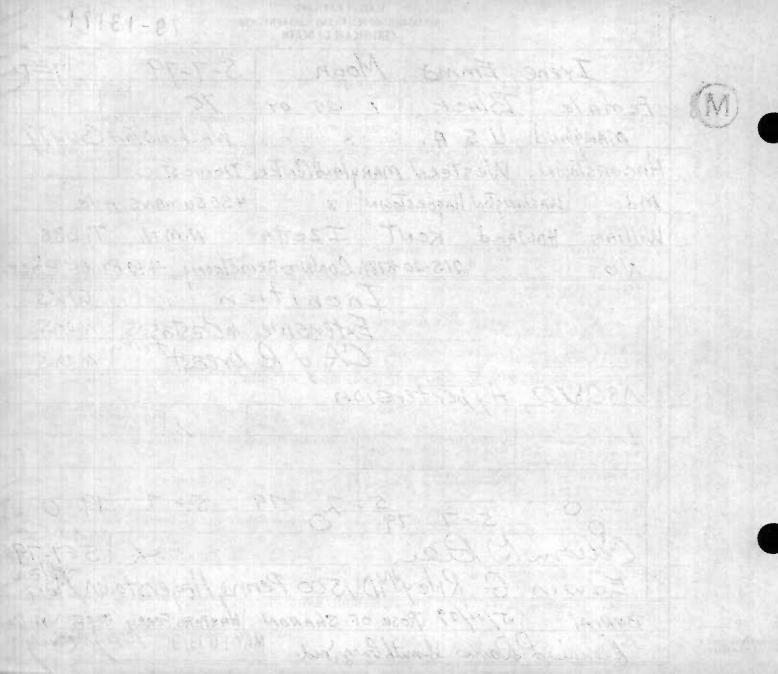
DHMH-16 20M (VRA 15, 4) 7/78

Rest Have

Haven Funeral Chapel,

Hag., Md.

| | 1 | | STATE OF MARYLAND | |
|--|--------------------|---------------|---|-------------|
| | | 1- | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO THE STATE CERTIFICATE OF DEATH | |
| | 300 | 1. DEC | REGISTRAK REG. NO. EASED NAME FIRST MIDDLE 149 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR | |
| y be | Na. | | Irene Emma Moon 5-7-79 720 | PM |
| 4 mo) | | 3. SEX | MONTH DAY YEAR MONTHS DAYS HOURS A | HRS MIN. |
| abo (IVI | 0 | 7. DI | RTHPLACE , STATE OR FOREIGN 176. CITIZEN OF WHAT COUNTRY? 8 9. BALTIMORE CITY OR COUNTY OF DEATH | |
| deoth. F | 33 | | MARRIED NEVER MARRIED WAShINGTON COUNTY | MD |
| fter d | 1 6 | 10 C | Y OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY | OR |
| o suno |) / l | USUZ | ACERSIOUN NESTERN MARYIAM (ENKR DEMESTIC) IL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | |
| 24 he filled ould to | 38 | | 13. COUNTY - 13. CITY OR TOWN- 13d. INSIDE CITY LIMITS? 13d. STREET ADDRESS 450 SUMANS AUC. | |
| ithin tely 2 sh | Jiner | 14. FA | THER'S NAME IS. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST LAST | |
| omple | 57/1 | u | Illiam Howard Rent I Zetta N.M.N. TIBBS | |
| Pages | medico | | (AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ALO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-20-8787 CONNEC ARMSTRONG 440 PARK PLA | A X |
| 9 o % | 0 | | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) 8 ETWEEN ONSET, AND DE | L THE |
| rtificate by physicion an popers. | event, th | | PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (0) Lncn/Tion WKS | AIR |
| | | | DUE TO, OR AS A CONSEQUENCE OF Extensive, motostases mons | |
| he dec | rTou | | gove rise to immediate (b) | |
| thot t d by t eose r al, cre | or other troumptic | | underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CAT of R Dreast Mons | |
| | ınlury, o | Z | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) | |
| | ony in | ATIC | 190 DATE OF OPERATION 200 FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED | _ |
| on. hos b. t perm | shaws or | CERTIFICATION | YES NO YES NO NO | ? |
| PHYSICIAN: The le ending physicion. this certificate hos ne buriol-tronsit per nd Mandal Hygiene | 9 mem 18 st | | 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR | 16 |
| SICI ing cert cert uriol | Hen | MEDICAL | (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION | |
| | morkedor | MED | 216. INJURY OCCURRED 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATI | E |
| OR ATTENDING e hospital or off DIRECTOR: After riched for use as the | 15 30 E | | 22a.1 certify that (1) his hospital) attended the deceased from |) lost |
| Spital CTOR of Her un | 17.0 | | sow in deceased only on a some of the body ofter death above (ii) we (idid (idid not) view the body ofter death. | d |
| 6 0 - | It Hem | | 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 5-7-7 | 9 |
| - 0 0 .0 | Z | | 22d PHYSICIAN'S NAME (TYPE OR PRINT) | no |
| TO HOSP retained 1 TO FUNE should be with the S | MPORTANII | | Edwin G Kiley 110 1500 Penna, Hagerstown Mary | X |
| BP | | 23a. E | URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL CITY OR TOWN HARDN HERE FERRY DEFF. W. | |
| DHMH - 16 50M 7/77 | , | 24. FU | INERAL DIRECTOR Appless + P (250. DATE ASCID, BY REGISTRALS STOP ALLIES NAME 250. DATE ASCID, BY REGISTRALS STOP ALLIES NAME ASCID, BY REGISTRAL STOP | 7 |
| (VR A 15 (4)) | | | Menus of Laves smill original | |



inding physician and campletely filled in bacarban papers. Pages 1 and 2 should be f

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban-pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar removal

OR ATTENDING PHYSICIAN: The

etained by the haspital or attending physicia

injury, ar ather traumatic

MPORTANT: If them 21 is marked ar them 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12172

| | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DEA | TH | | REG. NO. | 9 - | 131 | 1 4 | |
|-----------|---------------|--------------------------|--|--------------------|-------------------------------------|------------|---------------------|-----------------|---------------------|--------------------|---------------|--------------|--------------|-----------|
| | | EASED NAME OR PRINT) | rtha | | zabeth | Muh | AST S | | May | | | YEAR | 26. HO 9: | 50 M |
| ł | 3 SEX | | - | 4 RACE | | 5. DATE C | OF BIRTH | 6 | AGE (IN YEAR | | r) IF | UNDER 1 YEAR | IF UNDE | R 24 HRS |
| 1 | | Female | | Whi | to | Jun | e 5, 1905 | | 73 | | MON | NTHS DAYS | HOURS | MIN |
| ł | | THPLACE ISTATE ORF | OPEIGN | | WHAT COUNTRY? | 8 | | 9 | BALTIMORI | F CITY OR C | OUNTY O | FDEATH | | |
| d | CO | UNTRY) | | | WITAT COOKING | | D NEVER MAR | RIED L | | | | | | |
| 4 | | ennsylvan | | USA | HOSPITAL, NURSIN | WIDOWE | | | Wash: | ington | | 12b, KIND O | E DIJEIN | MD. |
| J | 10. С11 | Y OR TOWN OF DE | AIH | (IF NOT IN SU | CH FACILITY, GIVE STREET | ADDRESS) | | TION | TYPE OF WORK F | OR MOST OF WO | | INDUSTRY | r BUSIN | VESS OR |
| 4 | | gerstown | | | n Home for | | Aging | | House | wife | 1133 | | | |
| d | 13a S | | 136 COU | NTY | 136 CITY OR TOW | N | 13d. INSIDE CITY I | | 3e. STREET AL | DDRESS | +4 | o Ctm | + | |
| 4 | | ruland | Wash | ington | Hagersto | wn | YES NO | | | st Bal | CTUTOT | 8 201 | 360 | |
| , | 14 FA | THER'S NAME FIRST | -30 | MIDDLE | Bumbaugh | | FIRST | | | WIDDLE | F | line LAS | T | |
| 4 | 16a W | AS DECEASED EVER | | MED FORCES? | 16b SOCIAL SECU | | 17 INFORMANT | mile | - | ADDRESS | - | | | |
| 1 | (YI | S, NO OR UNKNOWN) | | E WAR OR DATES) | 214-09-6 | | James L. | Miha | Stan | Route | T/4 | Loude | 212 | Pe |
| ļ | | No | - | | 214-09-0 | 790 | lagmes r. | Piuris | , Duar | House | , 10. | | | |
| 1 | | PART I. DEATH V | H Enter of | nly ane cause pe | r line for (a), (b), and | | | | | | | BETWEEN | | ND DEATH |
| 1 | | F 19 1 | | TE CAUSE (a) | MESENTER | IC AR | TERY THRO | MBOS 15 | 3 | | | 72 H | IRS. | |
| 1 | | 5570 | | DUE TO, C | R AS A CONSEQUE | NCE OF | | | | | | | | |
| 1 | | Conditions, if any | , which | (b) | | 5) | | | | | 1 | 1000 | | 10 |
| 1 | | gave rise to im | | DUETO | R AS A CONSEQUE | NCE OF | | | | | | | | |
| ١ | | underlying cause | | (6) | , | | | | | | THE SE | | | |
| 1 | | PART 2 OTHER SIG | NIFICANT | CONDITIONS | ONTRIBUTING TO E | DEATH BUT | NOT RELATED TO | THE TERMIN | AL DISEASE | OR CONDITI | ON GIVEN | IN PART 10 | ٥) | |
| 1 | Z | MACROCY' | TIC A | NEMIA | | | | | | | | | | |
| \exists | AT | 19g DATE OF OPERA | ATION | 196. COND | ITION FOR WHICH | OPERATIO | N WAS PERFORME | ED | 20a AUTOP | | | WERE FINDIN | | |
| Н | FIG | | | | | | | | YES 🗍 | NOX I | CERTIFYII YES | NG CAUSES | OF DEA | |
| H | CERTIFICATION | 21a. ACCIDENT WAS UN | DERLYING F | 21b. TIME C | OF INJURY | | 21c. HOW INJUR | YOCCURRE | | | | | | |
| | | OR CONTRIBUTING | CAUSE OF DE | ATH HOUR A | .M. MONTH D | | | | | | | 1 0 | | |
| 1 | P CA | (IF EITHER, NOTIFY MEDIC | | | .M. | 19 | 21f. LOCATION | | | | | | - | - |
| П | MEDICAL | 21d. INJURY OCCUR | | | OF INJURY FREET, FACTORY, OFFICE, F | ARM, ETC.) | STREET | | | CITY OR TOWN | | COUNTY | | STATE |
| | 7 | AT WORK AT W | ORK | | | | | - | | 10 | | 00 | | |
| 1 | | 22a.1 certify that (I | (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | ottended the | he deceased from_ | FEB. | | 9 79 | _, to | | , 19 | | | (We) last |
| 1 | | sow the deceas | sed alive or | MAY / | y ofter death. | 17.0 | nd that in (my) (XX | r) opinion de | oth occurred | an the date | and hour o | ind from the | causes | stated |
| | | 226 SIGNATURE | 0 | | 1 | 15/10 | DEGREE | 30.70 | | 50007.7 | 3-20 | 22c. DATE | SIGNE | D |
| | | Dollar. | rel | 111-154 | TX12 705 | - 54 | | NDING SICIAN | MEDICAL DIRECTOR | STAFF PHYSICIAN | 1 🗆 | MAY 1 | 11, | 1979 |
| | | 224 PHYSICIAN'S N | AME (TYPE | OR PRINT] | 1 | - | 22 ADDRESS 2 | 217 WE | ST WASI | HINGTO | N STR | EET | | |
| | | EDWAR | D W. | DITTO, | 111, M.D. | | X F | | TOWN, | | | | | |
| H | 23c D | URIAL, CREMATION | PE MOVAL | L 23b. DATE | 1 234 | NAME OF C | EMETERY OR CRE | | 23d. LOCAT | ION | | | | |
| | (5 | PECIFY) | , KEMOVAI | 5.0 SC 14/5 - V 10 | Desired St. | | | | CITY OR 1 | NWOT | | YTHUC | | STATE |
| | | Burial | | 2-14 | 1-79 Res | t hav | ren Cemete | ery | Hager | stown. | Wasi | lingto | n. l | Md . |

BP DHMH - 16 50M 7/77 (VR A 15 (4))

24. FUNERAL DIRECTOR

FOR

Rest Haven Cemetery Hagerstown, Washington, Md.

RESS Hagerstown, Md. MAY 1 6 1979 This Francisco Company of the May 1 6 1979

A.K. Coffman Funeral Home, Inc. Hagerstown, Md.

| P* | E; 10, 1079 | 3. | | dischett | an. | |
|------|---------------------------|-----------------|-----------|-----------------|---------|------------|
| | 73 | e 1, 1975 | airl. | -stidh | | eLavet |
| | Vasnington County | T. | | ASS | pj.n | Lennsylvu |
| | eliverson | ne in a | Cost tool | B B 950 | | lo er to a |
| | facult enoughtly feet II | | 1 400 | นาอุเคลี แดสลูก | string* | basiyasi |
| | Rine | o Ingly | rig | nedora | | |
| . n= | , Star Rouse, St. London, | James L. Jahn | 2619- | -90-163 - | - 0 | |
| | | LICENT PROVIDES | A DIA | TIGERE | | |

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AY I. I.

TET TO MET STEPLE TO SEE STEEL CHILD CHALVEAU, MOTE BEAH

in wrecover, wear's then, Hi. Yndramal neval duel CT-111-0

> BAY 1 FIRE A.E. College Snerel Bone, Inc. Marcratown, Mr.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| M |) | FOR STATE REGISTRAR | | | DEP | | EALTH AND MENTAL | | REG. N | 79. | -131 | 73 |
|-----|---------------|--|------------------------------------|----------------------------------|--------------------------------------|-------------------|---|-------------|--|--------------|------------------------------------|------------------------------|
| 1 | | CEASED NAME | FIRST | | MIDDLE | | AST | 20 | DATE OF DEATH | | | 26. HOUR |
| | | | Charl | es E | dward | MUL | LENIX | | May | 5, 19 | 79 | M |
| | 3 SE | | | 4 RACE | | S. DATE C | | | AGE (IN YEARS LAST BIRT | | FUNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| | | Male | | White | | Aug | . 30, 190 |)2 | 76 | YRS. | DATS | TIOOKS MIC |
| 35 | | RIHPLACE (STATE OF ATTY) | DR FOREIGN | | .A. | WIDOWE | | | Was: | R COUNTY O | | MD. |
| 71 | | ity or town of agerstown | DEATH | | | TREET ADDRESS HOS | R OTHER INSTITUTION | | USUAL OCCUPATION OF WORK FOR MOST OF CAPINET I | | 126. KIND OI INDUSTRY. TURNI | ture Co. |
| 35 | Ma Ma | at residence (IFF | Washi | other institution TY ngton | Hager | | 13d. INSIDE CITY LIMIT YES MO [] | TS? 13e. | 1217 Cres | scent F | Road | |
| 2// | 14 FA | Jacob | , | NIDDLE | Mullen | ix | 15 MOTHER'S MAIDEN FIRST Trene | NNAME | MIDDLE | | Wiebe | 1 |
| 1 | 16a V | WAS DECEASED EV | ER IN U.S. AR | MED FORCES? | | SECURITY NO. | 17 INFORMANT | | ADDRE | | | |
| 1 | | es | W.W.I | | 214-09 | -5655 | Mrs. Hele | en L. | Mullenix, | Hager | stown, | Marylan |
| 2 | CERTIFICATION | | immediate ating the use lost | ONDITIONS CO | R AS A CONSI | FOUENCE OF | RTERY DISE. | TERMINA | L DISEASE OR CON | 20b. IF YES, | WERE FINDIN | GS USED |
| B | ERT | 21g. ACCIDENT WAS | UNDERLYING | 21b. TIME C | F INJURY | | 21c. HOW INJURY OC | | _ ~ | | | NO L |
| 7 | | OR CONTRIBUTING | | | M. MONTH | | | | | | | |
| | MEDICAL | (IF EITHER, NOTIFY MI 21d. INJURY OCC WHILE NO AT WORK A | | 21e PLACE | M. OF INJURY REET, FACTORY, OF | FICE, FARM, ETC.) | 211 LOCATION STREET | A. | CITY OR TOV | VN . | COUNTY | STATE |
| | | 22a I certify that saw the dec | ased alive on | MAA | 15 | 19 <u>74</u> , or | , 19, 19 nd that in (my) (aur) api DEGREE | pinion deat | to MAY S | ote and hour | | |
| | | 1/1 | XVY. | Hu | Mu | - / | ATTENDIN PHYSICIA | NG N | AEDICAL STAI | F IAN DE | 11144 | 7 197 |
| 1 | | 22d. PHYSICIAN'S ROBE | | | CMAN | mp | 220. ADDRESS WASHINGT | 1.5 | | | IGERST! | own mo |
| 1 | | BURIAL, CREMATIC SPECIFY) Buria | | May 8, | 1979 | Rest Ha | emetery or cremator aven Cemete: | ery | 23d LOCATION CITY OR TOWN Hagerstow | | sh., Ma | ryland |
| | 24. FI | UNERAL DIRECTOR | nnich F | uneral | Home DDRES | s n. Marvl | and 21740 | | 11 1979 | | ARS SANGE | Story |

Als E. Wilson Blvd., Hagerstown, Maryland 21740

DHMH - 16 50M 7/77 (VR A 15 (4))

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

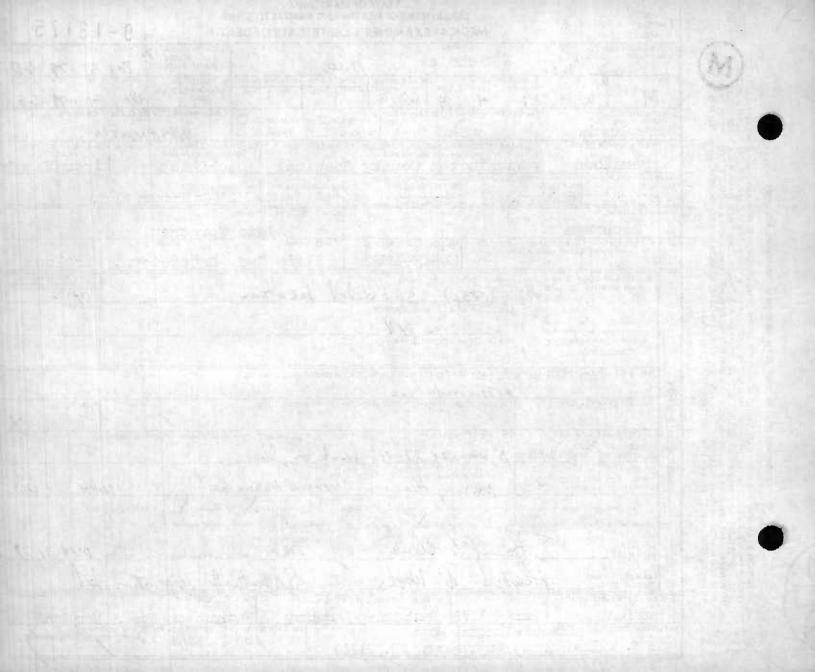
| | 1 - | STATE REGISTRAR | | | | CERTIF | ICATE OF DEATH | REG. N | 10 / 9 | - 13 | 11 | 4 |
|-----|---------------|--|-------------|------------------|-----------------------------------|---------------------|--------------------------|-------------------------------|---------------------|----------------|-------------------------|----------------|
| | | CEASED NAME | FIRST | | WIDDLE | | AST | 20 DATE OF DEATH | MONTH DA | Y YEAR | 26 HOU | R |
| | (itre | OR PRINT) | Bert | ha | S. | MYER | S | May 16, | 1979 | | | м |
| | 3. SEX | (| | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST BIR | | UNDER 1 YEAR | IF UNDER | 24 HRS MIN. |
| | 1 | female | | white | 3334 | Apri | | 73 | YRS | ININS DATS | HOOKS | Mirs. |
| | | RTHPLACE (STATE OR FO | REIGN | 76 CITIZEN OF | WHAT COUN | NTRY? 8 | D NEVER MARRIED | 9. BALTIMORE CITY | OR COUNTY C |)F DEATH | | 250 |
| 9 | | Indonesia | 1 | USA | | WIDOWE | DIVORCED [| Washingt | on . | | | MD. |
| 1 | 10 CI | TY OR TOWN OF DEA | TH | | | URSING HOME (| OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | 12b. KIND O | F BUSINE | SS OR |
| | | Hagerstow | | Washir | ngton | Co. Ho | spital | housewi | fe | | | |
| E | 13a. S | AL RESIDENCE (IF NURSI STATE Md. | 136 COUP | VIY | GIVE RESIDENCE 130. CITY OF Gapla | NWOTS | 134 INSIDE CITY LIMITS? | 13e. STREET ADDRESS none | | | | |
| | 14. FA | THER'S NAME | | WIGOLE | LAC | | 15. MOTHER'S MAIDEN NA | ME | 15/1/2 | LAS | , | |
| to | Ĩ | The Ch | | | Schmie | ed | | na Marie J | ourdi: | | | |
| Ī | Ión V | VAS DECEASED EVER | N U.S. AR | MED FORCES? | 166 SOCIAL | SECURITY NO. | 17 INFORMANT | ADDR 152 | 21 Nev | w Ham | nshi | re |
| | | no | | | 292- | 14-5732 | Robert S. | Myers Ši | lver | Sprin | q, M | 1d. |
| | | 18 CAUSE OF DEATH PART I. DEATH W. | H (Enter or | ly one cause per | line for (a), (| (b), and (c) | 1 / | - 1 | | BETWEEN | MATE INTER ONSET AND | DEATH. |
| | | PART I. DEATH W. | | E CAUSE (n) | re | pua | tary ta | l'ure, | | he | ner | - |
| | | 4292 | | DUE TO, O | RASA CON | SEQUENCE OF | 1.100. | 11 | 0 | 1 | | |
| 9 | | Conditions, if any, | | (6)_ | COY | rges | uce ne | art fay | une | a | ups | _ |
| | | couse (a), stating underlying couse | | DUE TO, O | R AS A CON | SEQUENCE OF | 15011 | \wedge | | 140 | 111 | 1 |
| | | | | (6) | | | 11200 | | 10.1710.1.0.1.1 | 1 | | = |
| | N | PART 2. OTHER SIGN | HEICANT | CONDITIONS CO | ONTRIBUTION | G TO DEATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE OR CON | IDITION GIVE | N INPART I | 3) | |
| | CERTIFICATION | 19a DATE OF OPERAT | TION | 196 COND | ITION FOR W | VHICH OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | | |
| 9 | LIFIC | | | | | | | YES NO | IN CERTIFY | ING CAUSES | OF DEAT | |
| à l | CERI | 210. ACCIDENT WAS UND | | | | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | JRY IN ITEM 18, PAR | T 1 OR PART 2) | | |
| 7 | | OR CONTRIBUTING C | | 1111 | M. MONII | H DAY YEAR | | | | | | |
| | MEDICAL | 21d. INJURY OCCURR | | 21e. PLACE | OF INJURY | | 211 LOCATION | CITY OR TO | WN | COUNTY | ST | ATE |
| | × | WHILE NOT WHE | RK | (AI NOME, SI | REET, PACTORY, C | OFFICE, FARM, ETC.) | | | , | | | |
| | | 22a L certify that (I) | (the train) | nal) attended th | e deceased | from_4 | 24 1979 | , toS -/ | 6 . 1 | 9-17. | that (I) (v | ne) lost |
| | | saw the decease above, (1) (we) (d | ed alive on | 5/ | after death. | 19 <u>19</u> . a | nd that in (my) (aphion | death accurred on the c | late and hour | and from the | causes sta | ited |
| | | 226. SIGNATURE | 12 | 0 | | | DEGREE | MEDICAL STA | | 22c. DATE | SIGNED | |
| | | Hy | 11 | .01 | age | W) | | MEDICAL STA | CIAN | 5. | 7.7 | 15 |
| 1 | | 22d. PHYSIČIAN'S NA | ME (TYPE C | PRINT) | 0 | | 22e ADDRESS | | | | | |
| | 23a. B | BURIAL, CREMATION, | REMOVAL | | | | CEMETERY OR CREMATORY | 23d. LOCATION CITY OF TOWN | (| OUNTY | STA | ATE |
| | | Cremation | | 5-17- | | | Crematory | Washing | gton D | .C. | | |
| | 24 FL | UNERAL DIRECTOM | nni | ch Fune | eral | Home | | TE REC'D. BY REGISTRAF | 25b. REGISTR | AR'S SIGNAT | URE | = |
| | 1 | 415 E. Wi | llso | n Blvd | . Hag | erstown | , Md. MAY 2 | 1 1070 | itau ! | 10 Cread | 4 | |

DHMH - 16 50M 7/77 (VR A 15 (4))

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| E FACUL | | | 4 | | | |
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| | | r on | | | DEDART | | | ARYLAND | LUVOIEN | | | | |
|------|----------------|---------------------------------|-----------------|-----------------------|---------------|--------------------|--------------|-------------------------|---------------|-----------------------|--------------------------|------------------------------|----------|
| | 1- | FOR STATE | | | | | | ERTIFICATE | | *** | 70 - | 1317 | 5 |
| ~ | | REGISTRAR CEASED NAME | FIRST | 7416 | MIDDLE | EXAMIN | | LAST | | 20. DATE KNO | REG. NO. J | DAY YEAR | 2b. HOUR |
| (MA) | (TYP | OR PRINT) | 1/11 | Nic | hola | s | h | 12 | 1000 | OF ES |)) - | | 1 O |
| | 3 SEX | [4. F | - I WEV | 5. DATE OF BIRTH | | 6. AGE (IN YE | | | DER 24 HRS. | 2c DATE | MONTH | 3/ 19 /7 DAY YEAR | 2d HOUR |
| | | M | W | MONTH DAY | YEAR | 80 YE | MOINT | | | PRONOUNCED | MAN | 21 1075 | 1.4 |
| | 7a. BI | RTHPLACE (STATE | OR | 76. CITIZEN OF WI | HAT COUN | | 0 | ED NEVER MA | 00150 | 1. BALTIMORE | CITY OR COUN | 5/ 19/7 | 160 M |
| 0 | Pe | nnsylvan. | ia | U | SA | 10-1-1 | WIDOW | | RCED | WI | 15 HINGT | ON | MD. |
| 0 | 10. CI | TY OR TOWN OF | DEATH | 11. NAME OF HOS | | | , OR OTH | ER INSTITUTION | 12e. USU | AL OCCUPATE | ON TYPE OF WORK | 12b. KIND OF BU OR INDUST | ISINESS |
| 7 | | agersto | | Washin | gton | Coun | ty H | ospital | | chinis | | aircraf | |
| | USUA 13a. S | | 1136 COUN | | | OR TOWN | | 13d. INSIDE CITY LIMITS | 13e STRE | ET ADDRESS | | | |
| 2 | _ | aryland | Washi | ngton | Hage | erstown | | YES NO | ☑ 182 | l Jeffe | erson Bl | vd. | |
| | 14. FA | THER'S NAME FIRST | | MIDDLE | | LAST | | 15. MOTHER'S MA | | MIDDLE | | LAST | |
| | 146.33 | Peter /AS DECEASED EV | | UED CODOTO | 144.00 | CIAL CECUS. | (1)(0 | A: INFORMANT | ddie | Sprech | ner | AL TO | |
| | Ne | S, NO, OR UNKNOWN) | (IF YES, GIVE | WAR OR DATES) | 1000 | OO 421 | | | 37 | | | | |
| I | TAG | | FAXIL (F.) | | | -09-431 | .0A | EISTE | Mye, | надет | stown, | Maryla | |
| 1 | | PART I DEATH | WAS CAUSED | | far (a), (b) |), and (c).) | 1 | 1 4 | f. | | | BETWEEN ONSE | |
| Н | | 888- | IMMEDIAT | | AS A CON | ISEQUENCE (| OF. | PI TRUM | Julie | | | CAYS | |
| | 1 | | if any, which | | a | . tall | | | | | | | |
| 3 | | cause (a) sta | ta immediate | DUE TO, OR | | ISEQUENCE (| OF . | | | | | | |
| | | lying cause l | ost. | (c) | | | | | No EX | | | | |
| | | PART 2 OTHER SIGNIF | CANT CONDITIONS | CONTRIBUTING TO OEATH | BUT NOT RELA | TEO TO THE TERM | INAL OISEASE | OR CONDITION GIVEN IN | PART 1 (a). | | | | |
| 1 | CERTIFICATION | | | A.Tori | | | | | | | | | 324 |
| 2 | ICA | 19a. DATE OF OP | ERATION | 196 CONDI | TION FOR | WHICH OPER | ATION W | AS PERFORMED? | | | | 20. AUTOPSY | ? |
| 4 | ERTIF | 210. EXTERNAL C | AUSE WAS | 21b. TIME OF | FINILIPY | | 121, 40 | W INJURY OCCUR | DED (SNITSON) | A THERE OF MINISTER W | MINE M. TO DARK I CO. B. | YES . | NO |
| 2 | ALCI | UNDERLYING 3 | OR | HOUR A.M | . MONTH | DAY YEAR | 1 | J | // | ATORE OF INJURY II | N HEM IS PART I OR P | AKI 2) | |
| | MEDICAL | CONTRIBUTING 21d. INJURY OCC | LIRRED | 21e. PLACE (| OF INJURY | 271979 (ATHOME, | 2.H. 1.00 | CATION | 1001 | | | | |
| | W | WHILE AT WORK | OT WHILE | STREET, FACT | TORY, FARM, E | House | Č | lerv new 1 | love une | CITY OR TOWN | cc | DUNTY | STATE |
| 2 | | | | e af the remains des | 1 | | Autops | | M | | | 1/61/10/ | 1-10 |
| 4 | | death resulted f | | al causes . | Accident | N | cide . | y 🔲, Inspec | 1 | Inquiry (A) | , and in my a | pinian | |
| | | dealli resolled (| Idili. Idiloi | | 2_1 | 0 | cide | TITLE (SPECIFY) | J) Olidele | типеа папне | , , | | |
| | | ACTUAL SIGNATURE | - | Bound | 4.1 | Week | M. | D. Del | . MEDI | CAL EXAMINE | DATE R SIGN | ED MAY 3 | 179 |
| 'n | | | | 1/0/ | 2/ | 1.1 / | 11-14 | 0 | 11 10 | 1 1 | | 11 | |
| | | (TYPE OR PRINT) | - 1 | townd | N. | Wocks | - | ADDRESS 580 | Wester | the Ho | ge istous, | med | |
| | 15 | URIAL, CREMATIO | | | | | | RCREMATORY | | CATION | | INTY SI | ATE |
| | | ourial INERAL DIRECTOR | 2 3/5- | June 4,19 | 79 R | est Ha | ven (| Cemetery | Haq | erstown | Wash. | Marylan | nd |
| | | NAME | con Pl- | ich Funer | al Ho | me | 0774 | | JUN' | REGISTRAR 2 | Sh. REGISTRAR'S | 77786 | rody |
| | 4. | LO EN MATT | SOII BI | vd., Hage | STOW | n, Md. | 21/4 | 10 | | | | / | |



| | DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMOKE, MARYLAND 21201 | ACKE, MAKE | LANDZIZ | 5 | d | 1 | 1 | X |
|-------------------------|--|----------------|---------------------------|----------|---------------|------|----------------------|-----|
| O HOSPIT etained by | O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours ofter deather estained by the hospital or attending physician. | executed with | nin 24 hour | s ofter | 1 | (A) | 1 | |
| TO FUNER should be a | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral descended for use as the busici-transit permit. Then please remove corbon popers. Pages 1 and 2 shauld be filled within 7 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. | and complete | ly filled in should be | by the f | To hours | No. | n.e | |
| MPORTAN | IMPORTANT: If Hem 21 is marked or Item 18 shows any injury, ar other troumotic event, the medical examiner must be notified of once. | redical examir | er must be | notified | tonce. | | | |
| 1 | 99 | 10 | 3 | 9 | 5 | | | |
| | MEDICAL CERTIFICATION | 16a V | USU, 130. S | 10. C | 7a. BI | 3 SE | 1. DE | 1. |
| 22d. | VAS E COOR COLUMN TO THE PAR TO T | VAS E | AL RESTATE | a g | RTHP QUNTR | X | REC CEAS OR PR | FOF |

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12170

| 4 | REGISTRAR | | CERTIFI | CATE OF DEATH | REG. NO. | 19-13 | 110 | | |
|--------|--|--|---------------------|---------------------------------|------------------------------------|--|----------------------------|--|--|
| 1 | 1. DECEASED NAME FIRST | WIOOFE | LA | ST | 20. DATE OF DEATH MONTH | OAY YEAR | 2b. HOUR | | |
| | (TYPE OR PRINT) Stewart | Carol | Paxton | | May 24, 197 | 9 | М | | |
| | 3 SEX | 4 RACE | S. DATE OF | BIRTH YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS HOURS MIN. | | |
| ı | Male | White | Nov | . 18, 1905 | 73 YR | | HOURS MIN. | | |
| | 70. BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF WHAT COU | INTRY? 8 | NEVER MARRIED | BALTIMORE CITY OR COU | NTY OF DEATH | | | |
| 5 | Clarksburg, W | . Va. USA | WIDOWED | | Washington | | MD. | | |
| Ĭ | 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | NURSING HOME OF | ROTHER INSTITUTION | 120 USUAL OCCUPATION | 12b. KIND OF | F BUSINESS OR | | |
| G L | Hagerstown | Washing to | n Co. H | ospital | EXEC. direc | | ketball | | |
| | USUAL RESIDENCE (IF NURSING HOME OF | NTY 13c CITY O | RTOWN | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | | | | |
| ø | Maryland Wash | ningtorHage | rstown | YES NO X | 1620 Dual H | lighway | | | |
| | 14 FATHER'S NAME FIRST | MIDDLE LA | AST | 15. MOTHER'S MAIDEN NAM | MIOOLE | IAST | | | |
| Ò | Steward C. | . Paxton | | | | Phillips | 3 | | |
| | 160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV) | MED FORCES? 166 SOCIA | AL SECURITY NO. | 17 INFORMANT | ADDRESS | | ., | | |
| | ПО | | 09 1128 | Mrs. Margar | ret Phillips | | 13 | | |
| | 18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE | m mv | | | | BETWEEN O | MATE INTERVAL | | |
| | IMMEDIATE CAUSE (0) CARDIO RESPIRATORY APPRIST | | | | | | | | |
| 1 | 43/- DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | |
| 4 | Conditions, if ony, which | onditions, if ony, which are rise to immediate (b) INTIACEILEBRAL Harmorrange- | | | | | | | |
| ŝ | cause (a), stating the | use (o), stating the Due to, or as a consequence of | | | | | | | |
| 9 | underlying cause last. | (c) | | | | | | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIBUTION | NG TO DEATH BUT N | NOT RELATED TO THE TERMIN | HAL DISEASE OR CONDITION | GIVEN IN PART 1(a | | | |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | | | | | VEC 14/505 511 10 11 | | | |
| | 190 DATE OF OPERATION | 196 CONDITION FOR | WHICH OPERATION | WAS PERFORMED | | YES, WERE FINDING RTIFYING CAUSES (| | | |
| | T L | 3 20 20 20 20 20 20 20 20 20 20 20 20 20 | | 11. HOW IN HIS OF COURSE | YES NO | YES 🗌 | NO 🗌 | | |
| 3 | OR CONTRIBUTING CAUSE OF DE | 216. TIME OF INJURY HOUR A.M. MONT | TH DAY YEAR | THE HOW INJURY OCCURRE | D (ENTER NATURE OF INJURY IN ITEM | 18, PART I OR PART 2) | | | |
| | {IF EITHER, NOTIFY MEDICAL EXAMINER | P.M. | 19 | | | | | | |
| | 4 FEITHER, NOTIFY MEDICAL EXAMINER! 21d. IN JURY OCCURRED WHILE NOT WHILE | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, | OFFICE, FARM, ETC.) | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE | | |
| | AT WORK AT WORK | 1 1 1 1 1 1 1 1 1 1 1 1 | | 1 | 12- | 120 | | | |
| | 220.1 certify that (1) (this hospi | | | 29 1. 19 19 | _, to | | hat (1) (we) last | | |
| | saw the deceosed alive on above, ((we) (did) (did no | at) view the body after death | 19, one | d that in (my)f(aur) opinion de | eath occurred on the date and | | | | |
| | 2b. SIGNATURE | 1.1 10 | | EGREE | MEDICAL STAFF | 224. DATES | IGNED, | | |
| | Was H | 1/0005/2 | 1 | | MEDICAL STAFF DIRECTOR PHYSICIAN | 3/2 | -2/19 | | |
| | 22d. PHYSICIAN'S NAME (TYPE C | PRINT) | | 22e. ADDRESS | | | | | |
| | WOOST | 5/2 | 411111111 | | | Tay I Law | | | |
| | 236. BURIAL, CREMATION, REMOVAL | . 23b. DATE | 231. NAME OF CE | METERY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE | | |

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

N. Minnich

5-29-79

tary Clarksburg W. Va.

1250. Date rec'd. By registrar 255. registrar's signature

11 JUN 4 1979 Burial -79 Elk View Cemetery 305 N. Potomac St. 250 DATE Hagerstown, Maryland 24 FUNERAL DIRECTOR
Gerald N

| 1 F May 24. 1979 11 21 M | ton | 9.4 | Lero | 111 | Steu |
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| exte. director Banketo | Jajlysch .n. | and a | i Arlan V | | nupterage |
| YEARDIN I DO COOL ! | t muo | e Taga | incopa | inggu | Busivia |
| - spilling - plings - | 73.80 J | no. | | 4.0 | braueja |
| El 9 has recipling savey | lize Mrs. Mar | EU AI | | | gn |
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TOS N. Polamon St. H

Sereld W. Minnien Hagerstown, beryland WWW.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCIENE

| - STATE REGISTRAR | | DEI ANT | | CATE OF DEATH | REG. NO | 19-13 | |
|--|--|---|--------------------|---|---|-----------------------|----------------------|
| 1. DECEASED NAME (TYPE OR PRINT) | Lloyd | Jake | PETI | ERMAN | May 19, | MONTH DAY YEA | 26 HOUR 9:00 PM |
| 3. SEX Male | 4 RACE | ite | 5. DATE OF | . 12° 191°2° | 6. AGE (IN YEARS LAST BIRT | | YEAR IF UNDER 24 HRS |
| 70. BIRTHPLACE (STATE OF Sharpsburg | | S. A. | MARRIED WIDOWEI | NEVER MARRIED | BALTIMORE CITY O | R COUNTY OF DEAT | H MD |
| 10 CITY OR TOWN OF DI Hagerstown | | OF HOSPITAL, NURSI N SUCH FACILITY, GIVE STREE Shington C | | ROTHER INSTITUTION Hospital | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Crane Op | | ND OF BUSINESS OR |
| USUAL RESIDENCE (IF NO 13g STATE Maryland | rsing home or other institu 13b COUNTY Washingto | 134 CITY OR TOV | VN I | 13d INSIDE CITY LIMITS? | 13. STREET ADDRESS | ox 12 | |
| 14. FATHER'S NAME Jacob | WIDOLE | Peterman | | 15. MOTHER'S MAIDEN NA. | ME MIDDLE | Bu | ırgan |
| Yes 10-13-3 | R IN U.S. ARMED FORCE | 578-32-1 | | Mrs. Myrtle | ADDRE L. Peterman | Rfd. 1 | no Md |
| PART 2. OTHER SK | se lost. (c GNIFICANT CONDITION ATION 196 CC | O, OR AS A CONSEOL | <u>DEATH</u> BUT N | NOT RELATED TO THE TERM | 20a AUTOPSY? | 206 IF YES, WERE FILE | NDINGS USED |
| OR CONTRIBUTING (IF EITHER, NOTIFY MED 21d INJURY OCCU | CAUSE OF DEATH HOUR | AE OF INJURY R. A.M., MONTH D P.M. ACE OF INJURY IE. STREET, FACTORY, OFFICE, | 19 | 21f LOCATION STREET | RED (ENTER NATURE OF INJUR | | - 73 |
| 22a. I certify that (sow the decec above, (I) Just 22b. SIGNATURE | l) (this hospital) attende | d the deceosed from | 29, one | August 19 The distribution of the second of | to | te and hour and from | , that (I) lost |
| NOHN | P. MARS | * | | HAGER | N. Poroa | | 440 |
| 230. BURIAL, CREMATION | | | | METERY OR CREMATORY View Cem. | Sharpsbu | rg, Wash. | Co., Md. |

DHMH - 16 50M 1/76 (VR A 15 (4))

should be detoched for use as the buriok-transit permit. Then please remove or with the State Dept. of Health and Mental Hygiene prior to buriol, cremation,

24 FUNERALDIRECTOR Boonsboro, Md. 21713

250. DATE REC'D BY REGISTRAR 25b. RECOTRAR'S SIGNATURE

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| | 5181 .RF VAR | | | 171 | | |
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| | escention | | • | .2.1 | .13 | egrocuments. |
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| ografië (| • | Sell | 0.00252 | | | CLID T |
| | | office Wester | 11783-25-05 | G 12-91 | 10T al | ties, qui bir |

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Contraction

| * | 1 | FOR - STATE REGISTRAR | DEPARTMENT OF | ATE OF MARYLAND FHEALTH AND MENTAL HYG IFICATE OF DEATH | IENE Reg. No | 79-13178 |
|---|---------------|---|--|---|--|--|
| | | CEASED NAME FIRST | | E OF BIRTH DAY YEAR | 20. DATE OF DEATH | MONTH DAY YEAR 26 HOUR S 26 HP 9 1804 A MONTHS DAYS HOURS MINING |
| death Page | 5 | IPPS/Van | 76 CITIZEN OF WHAT COUNTRY? 8 MARK | RIED NEVER MARRIED WED DIVORCED | 9 BALTIMORE CITY O | YRS. R COUNTY OF DEATH NGTON ME |
| 5 21201 It hours after the feed in by the filed writied writied | USU | ALRESIDENCE (IF NURSING HOME OR | 11. NAME OF HOSPITAL NURSING HOM. (IFNO) IN THE HEALTHY BY STREET ADDRESS) OTHER INSTITUTE HIS CONTROL OF TOWN | " Center | 12d USUAL OCCUPATION (TYPE OF YORK FOR MOST OF | FWEIT GLIFET INDUSTRY |
| E, MARYLAND uted within 24 completely fille l and 2 should | 11 | David | ASh Hagerstow Potts | Is. MOTHER'S MAIDEN NA. Matilda | Jane | Way Ave Wigfield |
| be exection and rs. Pages | | No | WAR OR DATES) 220-16-049 | עו | ight, 212 | Norway Avenue |
| es that the death certificate by the attending phy please remove carbon privial, cremation, or remo | | PART I. DEATH WAS CAUSEI IMMEDIAT Conditions, if any, which gave rise to immediate cause (o), stoting the underlying cause lost. | DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH B | acinoma | ene of ute | BETWEEN ONSET AND DEATH |
| VITAL RECORDS N: The low requirysicion. reate has been signant permit. Ther Hygiene prior to E Hygiene prior to E 18 shows any injure. | CERTIFICATION | 199 DATE OF OPERATION | 19b. CONDITION FOR WHICH OPERAT | | 200 AUTOPSY? | 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \\ \bigcap \text{NO} \\ \ext{NO} \\ \ |
| IVISION OF VITAL RECORDS, G PHYSICIAN: The low requir offending physicion. Ier this certificate has been sig set the bundi-transit permit. Then sond Mental Hygiene prior to b tond Mental Hygiene prior to b | MEDICAL CE | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACSUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTWHILE ATWORK ATWORK | LUCUID A M. MONITH DAM VE | 211. LOCATION | CITY OR TOW | |

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health, IMPORTANT: If them 21 is mark BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

236. DATE

220.1 certify that (1) (this hospital) attended the deceased

saw the deceased alive an abave, (1) (we) (did) (did not) view the bady after death

DEGREE

ATTENDING PHYSICIAN

Rest Haven Cemetery

STAFF PHYSICIAN

y Hagerstown, Wash., Md.

5-30-79 Burial
24 FUNERAL DIRECTOR Rest Haven Funeral Chapel, Hag., Md.

MEDICAL

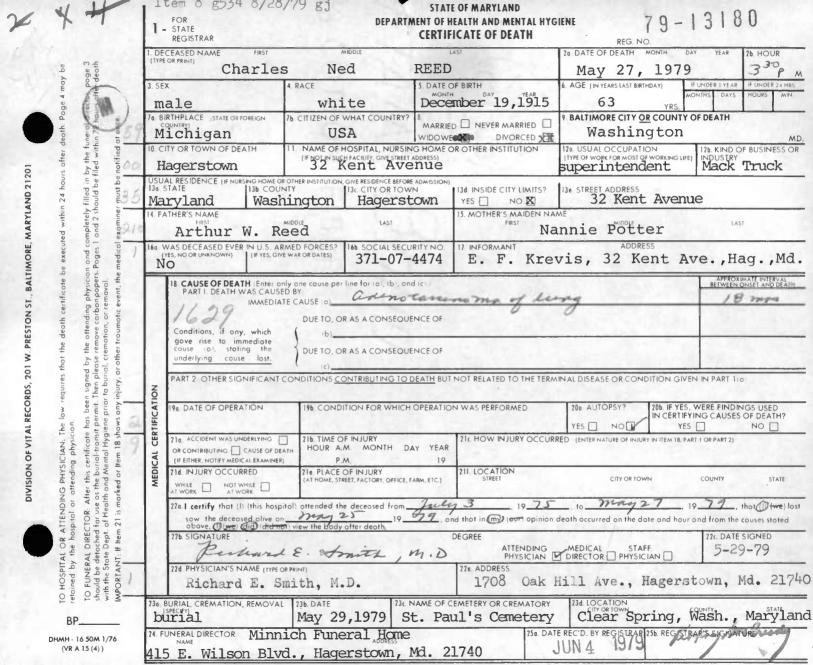
256. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR

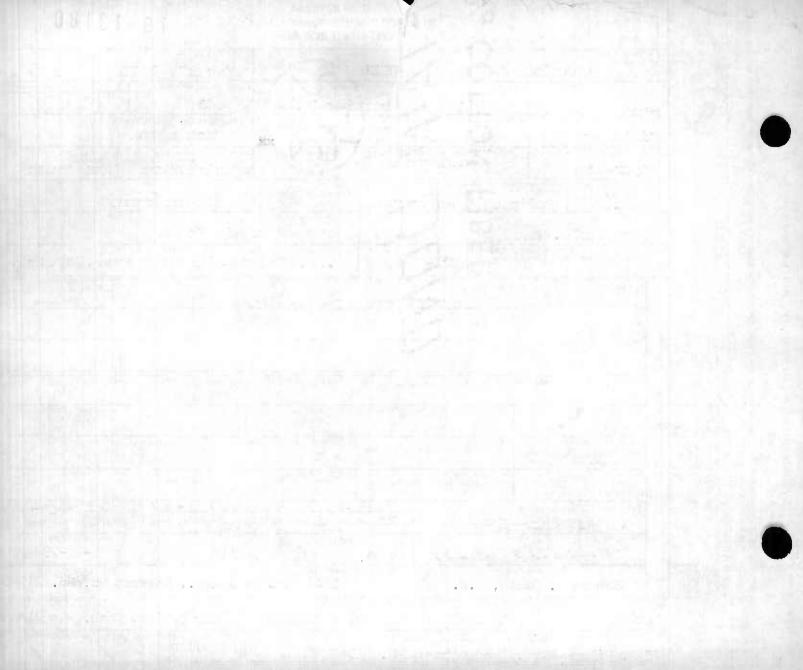
TIC DATE SIGNED

that (1) (we) last

87181-8178 the partie leaves a let greatent ever think the context the land

19-13/12





STATE OF MARYLAND 79-13181 DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME (TYPE OR PRINT) Bessie Bell Rice 25,1979 MAY 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) JAN. [9,]9] FEMALE BLACK 68 4 6 70. BIRTHPLACE STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED U.S.A. MISSIPPI WASHINGTON CO. ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY **LAGERTOWN** Md WASHINGTON Co. RETIRED FED. GOVT. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 136 COUNTY filled by 13d INSIDE CITY LIMITS? 13e STREET ADDRESS P. O. BOX 153 MARYLAND WASH. WILLIAMSPORT 14. FATHER S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE GEORGE WASHINGTON BEULAH WHITEHEAD Că 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 16b SOCIAL SECURITY NO P.O. BOX 153 WILLIAMSPORT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) JAMES ELMO RICE No. UNKNOWN Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH be 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY Cardiac Failure l week IMMEDIATE CAUSE 10 Severe ASCVD vears Canditions, if ony, which gove rise to immediate cause (a), stating the Diabetes Mellitus underlying couse lost. vears 2 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED pr IN CERTIFYING CAUSES OF DEATH? rial-transit per entol Hygiene p NOF NO [sho 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE May 22a I certify that (1) (this haspital) attended the deceased fram May 25 $\overline{79}$, and that in (my) (**X**) apinian death accurred an the date and haur and from the causes stated saw the deceased olive on May 25 abave. (1) Ke) (3d) (did not) view the body after death DEGREE 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR PHYSICIAN 44be deto MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b Charles F. Hess. M.D. P.O. Box 248, Smithsburg, 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL SUITLAND, P.G., Co. LINCOLN MEMORAL BP. 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 FRAZIERS F.H. 389 R.I. N.W. (VR A 15 (4))

sauna Noll Street

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contile service (

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No. of London

Larder I. been, Pro. M. Fro. box 280, Salkheburg, ID 237 S

completely filled in by the funeral

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and car should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 70 | 0 | 0 |
|-----|---|---|
| 79- | 3 | 0 |

| 43 | | REGISTRAR | | | | CERTIF | ICATE OF DEAT | H | | REG. NO. | 19 | - 3 | 182 |
|---------------------------------|---------------|--|---------------------------------------|-----------------------------|---|------------------------|----------------------------------|--------------|----------------|---|------------|-------------------------|---------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | L | AST | | 20. DATE OF | DEATH MONTH | DAY | YEAR | 26 HOUR |
| 100 | | | Lill | ian | Elizabet | h R | ice | | May | 6, 1979 | | | 4:40am |
| | 3. SE | x Female | 100 | 4 RACE | Jhite | 5. DATE C | 13-1905 | EAR | 6. AGE (IN YE) | RS LAST BIRTHDAY) | _ | UNDER I YEAR | IF UNDER 24 HRS HOURS MIN |
| ot once. | | IRTHPLACE (STATE OR F | | | USA | 8 MARRIEI WIDOWE | D NEVER MARRI | | | ecuy <u>or</u> col | | FDEATH | MD. |
| notified | | Hagerst | own | 243 | SUCH FACULTY, GIVE STREET, | c St | | NC | (TYPE OF WORK | CCUPATION FOR MOST OF WORKI BWIFE | NG LIFE) | 12b. KIND O INDUSTRY | F BUSINESS OR |
| must be | 130. | AL RESIDENCE (IF NUR STATE aryland | 136 COUN | other institut | ION, GIVE RESIDENCE BEFORE 131 CITY OR TOWN 14 CITY OF TOWN 15 CITY OF TOWN 16 CITY OF TOWN 17 CITY OF TOWN 18 CITY OF | ADMISSION) | 13d. INSIDE CITY LIA YES 🔥 NO | AITS? | 13 STREET A | DDRESS Poto | omac | St. | |
| examine 1 | 14. F/ | JESSE | в. | H: | ill LAST | | 15. MOTHER'S MAIN | | Elle | MCC MCC | Caul | ley LAS | T |
| medical | | WAS DECEASED EVER YES, NO OR UNKNOWN) | | WED FORCES WAR OR DATES) | 213 24 | | Victor | D. | Rice | SEE # | 13 | | |
| injury, ar ather traumatic even | | PART I. DEATH V Conditions, if ony gave rise to im cause (a), stati underlying couse | MMEDIAT which mediate ng the | DUE TO | OR AS A CONSEQUE | NCE OF | myelen | y | | | | G pri | withs |
| injury, ar | NO | PART 2 OTHER SIG | | | CONTRIBUTING TO E | | | | | | | | _ |
| laws any | CERTIFICATION | 190 DATE OF OPERA | | | NDITION FOR WHICH | | | | 200 AUTO | PSY? 206 | F YES, V | VERE FINDING CAUSES | IGS USED |
| 18 sh | | 21a. ACCIDENT WAS UN OR CONTRIBUTING [] {IF EITHER, NOTIFY MEDIC | CAUSE OF DEA | | E OF INJURY A.M. MONTH DA | Y YEAR | ŽIC HOW INJURY | OCCURR | ED (ENTER NAT | ure of injury in ite | M 18, PART | 1 OR PART 2) | |
| marked ar I | MEDICAL | 21d INJURY OCCUR | | | CE OF INJURY ., STREET, FACTORY, OFFICE, F | ARM, ETC.) | 211. LOCATION STREET | | | CITY OR TOWN | | COUNTY | STATE |
| Hem 21 is mo | | saw the decease abave, (1) web? 22b. SIGNATURE, | ed alive on did no | CLASS. | ady after death. | 7 4 . , or | nd that in (m) (our) | opinion d | | an the date and | | | |
| 4 | | Rec | kan | 18. | Amits, | 14,0 | ATTEN | DING CIAN | MEDICAL | STAFF PHYSICIAN |] | 1200 | |
| MPORTANT: IF | | 22d PHYSICIAN'S N Richard E | AME (TYPE OF | PRINT) | / | | 27. ADDRESS 1708 Oak | | | | | , Md. | |
| ₹ | 23a | BURIAL, CREMATION | REMOVAL | 123b. DATE | 23c. N | AME OF C | EMETERY OR CREMA | | | | | | |

BP.

DHMH-16 50M 7/77 (VR A 15 (4))

Burial

5-9-79

Hill Cemetery Hagerstown, Maryland omac St. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE MAY 1 4 1979 24 FUNERAL DIRECTOR

Gerald N. 305 Aks Potomac St. Ragerstown, Maryland N. Minnich

| -18102 | 8.1 | | | | |
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| Brailwani | | Hill Cameto Nac St | -79 Nose 308 R. Fote Hadecatown, | P-3 1 | alius Marian |

filled in by the funeral diri-ould be filed within 72 hau

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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| - STATE REGISTRAR | | | CERTIF | ICATE OF D | EATH | REG. N | 0. 19 | 1-13 | 103 |
|--|----------------------------------|---|----------------------|----------------------|---------------------|---|---------------|---------------------------------------|---|
| I. DECEASED NAME | FIRST | WIODLE | | AST | | 20. DATE OF DEATH | MONTH | DAY YEAR | 26. HOUR |
| F | Raymond | James | RI | CHIE | | May | 12, | 1979 | M |
| 3. SEX | 4 RACE | | 5. DATE C | | MEAD | 6. AGE (IN YEARS LAST BIR | THOAY) | MONTHS DAYS | |
| Male | Wh | ite | Feb. | 15, | 1915 | 64 | YRS. | MONTHS | HOURS MIN. |
| O BIRTHPLACE STATE ORE | | N OF WHAT COUNTRY? | 8. | NEVER A | AARRIED [| 9 BALTIMORE CITY | - | | |
| West Virgi | nia | U.S.A. | WIDOWE | | ORCED | Wa | ashir | ngton | MD |
| Hagerstown | ath 11. NAM | NE OF HOSPITAL, NURSIN TIN SUCH FACILITY, GIVE STREET, B Gaywood Dr | G HOME (ADDRESS) | OR OTHER INST | TITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O | | | of BUSINESS OR tic prod. |
| USUAL RESIDENCE (IF NUR 130 STATE Maryland | sing home or other inst | on Hagersto | N | 13d INSIDE C | ITY LIMITS? | 13e STREET ADDRESS 128 Gaywo | ood D: | rive | |
| Robert | WIDDLE | Ritchie | | | MAIDEN NAM | WE | | , E. I. | AST |
| (YES NO OR UNKNOWN) | W.W. II | | | Mrs. I | | D. Ritchie | | gerstow | n.Marvlar |
| | mediote ng the DUE e lost. | (b) NO FAS A CONSEQUE (c) ONS CONTRIBUTING TO E | | NOT RELATED | TO THE TERM | INAL DISEASE OR CON | IDITION G | SIVEN IN PART 1 | 1(0) |
| 190. DATE OF OPERA | TION 196 (| CONDITION FOR WHICH | OPERATIO | N WAS PERFO | RMED | 200 AUTOPSY? YES NO | IN CERT | ES, WERE FIND TIFYING CAUSE YES | |
| 00.000,000,000,000 | CAUSE OF DEATH HO | TIME OF INJURY UR A.M. MONTH DA P.M. | YEAR | | | RED (ENTER NATURE OF INJU | RY IN ITEM 18 | 3, PART 1 OR PART 2) | |
| (IF EITHER, NOTIFY MEDICAL STATE OF THE STAT | /HILE [] | PLACE OF INJURY OME, STREET, FACTORY, OFFICE, F | ARM, ETC) | 211. LOCATION STREET | N | CITY OR TO | WN | COUNTY | STATE |
| sow the deceos | | ded the deceosed from | 17.0 | nd that in (my) | (our) opinion | deoth occurred on the d | lote and he | ., 19 <u>79</u> our and from th | , that (I) (we) lost e couses stated |
| 22b. SIGNATURE | 4)00 | PU M | 1 | DEGREE | ATTENDING PHYSICIAN | MEDICAL STA | FF CIAN [] | 22c. DAT | E SIGNED |
| 22d. PHYSICIAN'S N | AME (TYPE DE PERMIT | | 1 | 22e ADDRES | | NO THE | + 13 | 176.57 | |

BP.

TO HOSPITAL

TO FUNERAL DIRECTOR: After this

DHMH - 16 50M 7/77 (VR A 15 (4))

should be detoched for use os the burial-transit permit. Then please remove corbanpape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval

IMPORTANT: If Hem 21 is marked or Item 18 shows ony

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial 23b. DATE May 15,1979

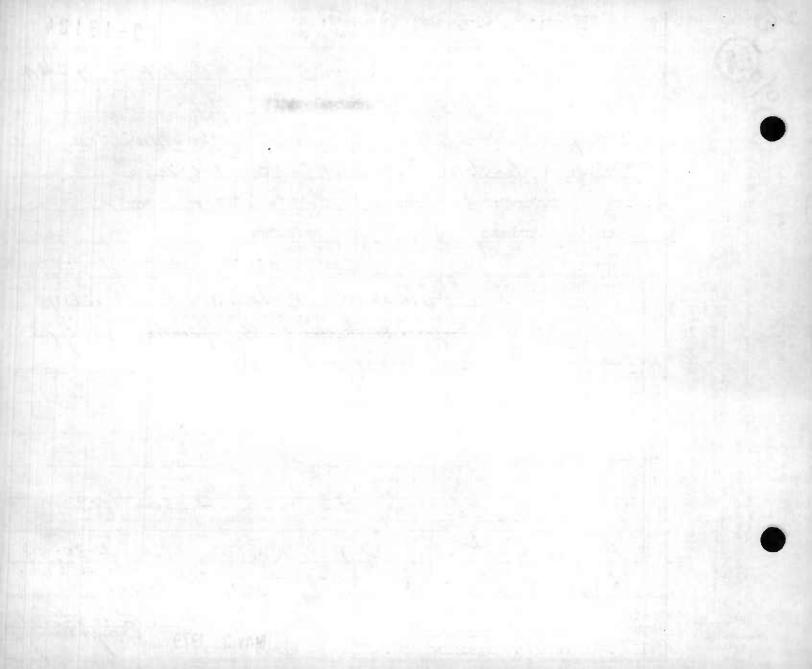
231. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery

Williamsport, Wash., Maryland 250. DATE PECID. BY SEGISTRAR 256. REGISTRAR'S SIGNATURE

415 E. Wilson Blvd., Hagerstown, Maryland 21740

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| 0 | 1 | 7. 70, | 0 30 | - O - D | STAT | E OF MARYLAND | | | |
|--|---------------|---|------------------|-----------------|------------------------|--|---|----------------------------|---|
| 0 | 1. | FOR Items 18b. STATE FILM#531 | 5-31-7 | 9 augn | ARTMENT OF H CERTIF | EÁLTA AND MENTAL HYG ICATE OF DEATH | | | 3184 |
| (M) | | CEASED NAME FIRST OR PRINT) | // NIM | N N | P | AST | To DAIL OF DEATH | MONTH DAY | YEAR 26 HOUR |
| ¥, \$ \$ | 3 SE | x lenell | 4 RACE | | 5 DATE C | OLICCI DE BIRTH | 6 AGE (IN YEARS LAST BIRT | 14 30 HDAY) IF UNDER | 29 2145 A M |
| ge 4 m | | Female | Wh | ite | MONTH | | 91 | YRS. | DAYS HOURS MIN |
| ord die | | RTHPLACE STATE OR FOREIGN | 76 CITIZEN OF | | MARRIE | NEVER MARRIED | 9 BALTIMORE CITY O | 1. 1. | ATH |
| de de | 10 C | ITY OR TOWN OF EATH | Ital | - | RSING HOME C | DIVORCED [| 120 USUAL OCCUPATI | 0N 9 126 | MD. KIND OF BUSINESS OR |
| ま まる ま(M) | 1 | Lagustown | LIFT OT IN SUE | FACILITY, GIVES | Day V | and Conten | (TYPE OF WORK FOR MOST O | | USTRY |
| t having dear in deer in | | AL ESIDENCE (IF NURSING HOME OF | | GIVE RESIDENCE | TOWN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS | | |
| LAND 2 Thin 24 h | | ryland Wash: | ington | Hager | stown | YES X NO | 740 Medway | y Road | |
| mary in mark in the complete I and 2 is seen in the complete I | | Antonio Mit: | rione | TALT | | unknown | MIDDLE | | LAST |
| d can | 16a V | WAS DECEASED EVER IN U.S. AR | | 16t SOCIAL | SECURITY NO. | 17 INFORMANT | ADDR | SS | |
| be executed on and control or second control c | | No | t WAR OR DAILS) | | | Tony Robucci, | 35 Sunset | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN The low requires that the death certificate be executed within 24 hours called the physician. State this certificate has been signed by the attending physician and completely filled in by as the buriel-transit permit. Then please remove carbompapers, Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. The property of the property | | 18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE HMMEDIA' Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost | DUE TO, OF | PAS A CONS | MONA EQUENCE OF | A terioscleo | C) - ferm | - 4 | APPROXIMATE INTERVAL ETIMEN ONSET AND DEATH AUTOR AUTOR |
| is, 201 | _ | PART 2 OTHER SIGNIFICANT | | | | | | DITION GIVEN IN P | ART 1(a) |
| ECORDS, : aw require been sign rmit. Then prior ta bu any injury, | TION | Fractured of | | | / - // 1 - / | N WAS PERFORMED | 20g AUTOPSY? | 20b. IF YES, WERE | EINDINGS HEED |
| TAL RECO The law racion in the has bee most permit. Green prides shaws any | CERTIFICATION | DATE OF OPERATION | 170 CONDI | HOITTOK W | TICH OF ERATIO | N WAS TERFORMED | YES NOX | | AUSES OF DEATH? |
| ON OF VITA IYSICIAN TI ding physici ss certificate burial-transi Mental Hygi | | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A. | M. MONTH | DAY YEAR | 21c. HOW INJURY OCCURR | ED (ENTER NATURE OF IN) | RY IN ITEM 18, PART 1 OR P | 'ART 2) |
| DING PHYSICIA or ottending physicial and the buriotist of the or the buriotist of the ond Mental marked or them? | MEDICA | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE (| | | 211 LOCATION STREET | CITY OR TOV | VN COUR | NTY STATE |
| TTENDI pital or TOR: A far use of Heal | | 220.1 certify that (1) (this haspi sow the deceased alive an above, (1) (we) (did) (did no | | | 100 | nd that in (my) (our) apinion o | leath occurred on the de | ote and hour and fre | om the couses stated |
| ral OR A y the hospy the hospy and detached order been ordered and the post. | | XXXXXX | 5# | per | M | ATTENDING PHYSICIAN | MEDICAL STAI DIRECTOR PHYSIC | F / | -30-79 |
| O HOSPII fained b O FUNE hould be with the Si | | KYUNG | OR PRINT) | KI | M | 170 ADIDRESS VENI | na Ave | of 4d | astewn |
| ₽ ₽ ⊢ ¬ 3 ≤ | 23a. | BURIAL, CREMATION, REMOVAL SPECIFY) rial | 236. DATE May 2, | | | ill Cemetery | 73d location City or Town Hagerstow | n, Wash., | Maryland |
| DHMH - 16 60M 1/75 | 24. F | UNERAL DIRECTOR Minni | ch Funer | al Hon | | 25a. DATE | | 25b. RE 25 18 25 3 | |
| (VR A 15 (4)) | 4. | 15 E.Wilson Blv | d., Hager | stown, | Md. 21 | 740 | HI 0 1013 | / | |



STATE OF MARYLAND

IF UNDER I YEAR

IF UNDER 24 HRS

176 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

min.

vears

6 month

Service

Coonrod

79-13185 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH DAY YEAR 2b. HOUR May 20 1979

54

L DECEASED NAME MIDDLE TYPE OR PRINTS Marvin Woodrow Roman 4 RACE 5. DATE OF BIRTH 3. SEX MONTH 14 1924 White Sept. Male

7a. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY

Maryland U.S.A.

MIDOLE

(IF YES, GIVE WAR OR DATES)

CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))

W.W.

O CITY OR TOWN OF DEATH

MARRIED W NEVER MARRIED WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS

Roman

Washington County Hospital

USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN
Wash.
Hancock 13d INSIDE CITY LIMITS? YES [

Acute Myocardial Infarct

17. INFORMANT

245 sandy Mile Road NO TX 15. MOTHER'S MAIDEN NAME Minnie

MIDDLE ADDRESS Evelyn N. Roman

6 AGE (IN YEARS LAST BIRTHDAY)

Washington

National Park

120 USUAL OCCUPATION

same as 13.

BALTIMORE CITY OR COUNTY OF DEATH

IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.

Elaison

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

FOR

REGISTRAR

Hagerstown

(YES, NO OR UNKNOWN)

Marvland

14 FATHER'S NAME

Yes

CERTIFICATION

MEDICAL

WHILE

Buria1

- STATE

none

210. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

sow the deceased alive on_

90 DATE OF OPERATION

21d. INJURY OCCURRED

226. SIGNATURE

Coronary Heart Disease DUE TO, OR AS A CONSEQUENCE OF Hypertension

166 SOCIAL SECURITY NO.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10

YEAR

19

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

NOX

CITY OF TOWN

IN CERTIFYING CAUSES OF DEATH? YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED

COUNTY

STATE

STATE

and that in (my) (ex) opinion death occurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN

22e ADDRESS

DEGREE

211 LOCATION

Catalpa Methodist | Hancock

Two Tonoloway, Hancock, Maryland 23d. LOCATION

Frank B. Thomas. III. M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE

224. PHYSICIAN'S NAME (TYPE OR PRINT)

23/79

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

220.1 certify that (1) (this heaptel) attended the deceased from Jan

above, (1) ((did not) view the body after death

Mar.

HOUR A.M. MONTH DAY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

231 NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Mar

Wash. Md.

(VRA 15(4))

UNFRAL DIRECTOR DHMH-16 60M 1/73

| C4/81-01 | | |
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Learling Colouring Howtenn (1997)

Famile White Too 2, 1922 57

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Hageneton Haghington wount, Loudin Lane Charles Sondianary

Hageneton Haghington County Lane Street Sondianary

Ucotte Let Michael Hagen Line Michael County

Ji washington Wanne Lane County Lane Charles Wanne Lane Charles Lane Charles Wanne Lane County Lane County Michael County Michael

Furful 5-31-70 53 m side a wometury formation, inchesion, angless A.E. Confunc Supersl Hore, Hage House, W.

Minnich Funeral Home

415 E. Wilson Blvd., Hagerstown, Md. 21740

26 HOUR

17b KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

STATE

COHNTY

BY REGISTOR 25b. P

22c. DATE SIGNED 5/30/79

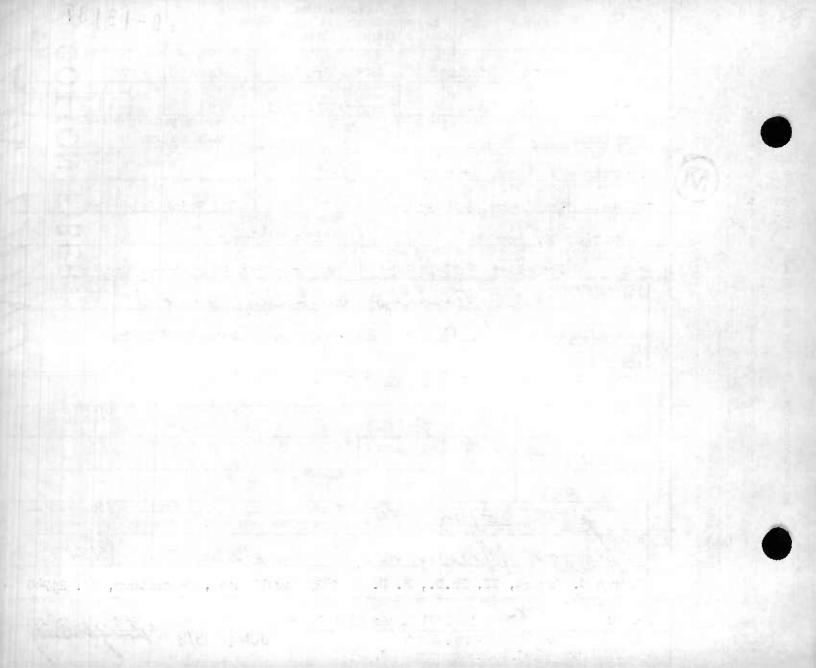
IF UNDER 24 HRS

IF UNDER I YEAR

INDLISTRY

DHMH - 16 50M 1/76 (VR A 15 (4))

24 FUNERAL DIRECTOR



FOR

REGISTRAR

- STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Waynesboro. Pa.

79-13188

1979

IF UNDER I YEAR

MONTHS CAYS

INDUSTRY

Eckert

COUNTY

Berks

22t, DATE SIGNED

STATE

STATE

Penna.

2h HOUR

12b. KIND OF BUSINESS OR

9:10 A.

IF UNDER 24 HRS

REG. NO

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| not a refer | | | | | | |
| | | | | | | |

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral #should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filed within 72 to with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-13189

| REGISTR. | AK | | CERTIFICAT | L OI DEATH | REG. NO. | | |
|------------------------|--------------------------------------|---|--------------------------|------------------------|--------------------------------------|-----------------------|----------------|
| 1. DECEASED N. | AME FIRST | MIDDLE | LAST | 7 2 35 1 | 20 DATE OF DEATH MONTH | DAY YEAR | 2b. HOUR |
| (TIPE OK PKINT) | Walter | Emanuel | Schult | 3 Sr. | May | 2. 1979 | 2 1 |
| 3. SEX | | 4 RACE | 5. DATE OF BIRT | | 6. AGE (IN YEARS LAST BIRTHDAY) | IF UNDER I YEAR | IF UNDER 24 HR |
| Male | | White | April | 6. 1906 | 73 vp. | MONTHS DAYS | HOURS MIN |
| 70 BIRTHPLACE | (STATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY | Y? 8 | | 9. BALTIMORE CITY OR COUN | J | |
| COUNTRY) | ruland | U.S.A. | WIDOWED | DIVORCED | Washington | | |
| 10. CITY OR TOV | . C | 11. NAME OF HOSPITAL, NURS | ING HOME OR OTH | | 120. USUAL OCCUPATION | 126. KIND O | F BUSINESS C |
| William | nanant | 11 PNOT IN SUCH FACILITY, GIVE STRE 24 E. Sunset | ALCO | | Boiler Operato | 1.7 | ('0 |
| | | R OTHER INSTITUTION, GIVE RESIDENCE BEF | | | posses operator | t Nopped | us co., |
| Marular | 13b COU | NTY 13c CITY OR TO | WN , 13d. 10 | SIDE CITY LIMITS? | 13e STREET ADDRESS | (1) | MA |
| 14 FATHER'S NA | | ington Villiam | sport YES | OTHER'S MAIDEN NA | 24 E. Sunset A | re., wmspr | ., MA X |
| FIR | ST | MIDDLE LAST | | FIRST | WIDDLE | LAS | |
| george | | Schul | | Cora | | Younker | L |
| 160 WAS DECEA | ASED EVER IN U.S. AF | RMED FORCES? 166 SOCIAL SEG | | IFORMANT | ADDRESS | | |
| no | | 232-03- | 5529A An | na P. Schu | Itz 24E. Surset | | |
| 18 CAUSI | E OF DEATH (Enter of | nly ane cause per line for (a), (b), | ond.(c) | 1 1 - | - / | BETWEEN | MATE INTERVAL |
| PART | 1. DEATH WAS CAUSE | DBY: QDT | IAR. | HULE | 81 | 37 | 7170 |
| 12 | IMMEDIA | TE CAUSE (a) | 100 | V/ | V | 0/. | 7:1 |
| 41. | 41 | DUE TO BE ASA CONSEC | HENCESOE D | | | | |
| Land | | (Da Op A A A | -170 IV. | c. 710 d | 11/4/50 1 | 1 7 - | t-UM/ |
| | ns, if any, which se to immediate | (b) | · · · · · · · · | w per | W/ U JOUR | - | 100 |
| | io), stating the | DUE TO, OR AS A CONSEQ | LIENCE OF | | | | |
| underlyin | | DOE TO, OR AS A CONSEC | DENCE OF | | | | |
| | | (c) | | | | | |
| | THER SIGNIFICANT | COMPITIONS CONTRIBUTING TO | <u>O DEATH</u> BUT NOT I | RELATED TO THE TERM | WHAL DISEASE OF CONDITION | GIVEN IN PART 110 | 01 |
| CERTIFICATION 190 DATE | nuya | f Dorselle | - Clore | Made | 1700 | | |
| S 190 DATE | OF OPERATION | 196. CONDITION FOR WHIC | CH OPERATION WA | SPERFORMED | | YES, WERE FINDIN | |
| E | | | | | YES TO NOT | YES M | NO T |
| 21a ACCID | DENT WAS UNDERLYING | | 21c. | HOW INJURY OCCUR | RRED (ENTER NATURE OF INJURY IN ITEM | 18, PART 1 OR PART 2] | |
| OR COLUMN | BUTING CAUSE OF DE | | | | | | |
| 2 | NOTIFY MEDICAL EXAMINER RY OCCURRED | P.M. 21e. PLACE OF INJURY | 19 | OCATION | | | - |
| WHILE T | NOT WHILE | (AT HOME, STREET, FACTORY, OFFIC | | STREET | CITY OR TOWN | COUNTY | STATE |
| AT WORK | AT WORK | | 15/ | 12 1 | 7 5/7 | 70 | 1 1 |
| 22a.1 cert | ify that (1) (this hasp | ital) attended the deceased from | 10/1 | . 19 | 1., 10 0 1 | 19 / | that (I) (ye) |
| sow | the deceased alive or | of view the body ofter death. | , and that | in (any) (aur) opinion | death occurred on the date and | hour and from the | couses stated |
| 22b. SIGN | | New the Body offer dearn. | DEGRE | E | | 22c DATE | SIGNED |
| In. | 105 | VIII H | 1.0 11 | A. ATTENDING | MEDICAL STAFF | (/) | 1156 |
| 140 | walk C | Mulley / /2 | weh IN | PHYSICIAN [| DIRECTOR PHYSICIAN | 0/- | 11/1 |
| 224 PHYS | ICIAN'S NAME (TYPE | OR PRINT) | % 72e | ADDRESS | 0 -11 | | Ka: |
| 11)07 | VAI-DE | MAAREW | 111 3 | (3) (1) | GILOCOLLOV ALL | a HA | - 11/1 |
| WUI | THUCK | | 010 7 | 8500 | chaesing no | SINUF | 7/04 |
| (SPECIFY) | EMATION, REMOVAL | | | RY OR CREMATORY | 23d. LOCATION CITY OR TOWN | COUNTY | STATE |
| | Burial | May 5, 1979 9 | reendawn 1 | Mem. Park | Villiamsport | Vashinato | n MU |
| 24 FUNERAL DI | RECTOR | | | 25a. | A VEOD. BY TOPPAR AR 256 | STRAR'S SHOWAT | RE |
| OAbonno | Funcant | Home P.O. Box 3: | Fix Illmant | M/1 2170 F | 110 13/3 | Just 1400 | Mody |
| 0.300.000 | - i weether | TOILE F.U. DOX 3: | WIIVS D.C. | 1110 61140 | | | 4 |

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME OF ESTI-TYPE OR PRINTI BRIAN KNNT SHARPE DEATH MATED 1979 4 11 & AGE (IN YEARS | IF UNDER 1 YR. DATE 6:35 PRONOUNCED A male white April 6,1935 44 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington County Maryland USA ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Old Forge Rd. P Route 10 Hagerstown USUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3c. CITY OR TOWN Route 10 Maryland Washington Hagerstown NO X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Forrest G. Sharpe Clara E. Blondel ALROute 5 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I IF YES, GIVE WAR OR DATES! 214-34-9216 Beverly D. Sharpe, Hagerstown, Md. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Conflagration DIVISION OF VITAL RECORDS, 301 W. PRESTON S DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION USED 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL, YES NO BE 71n EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR caught in housefire CONTRIBUTING CAUSE OF DEATH 211 LOCATION TIE PLACE OF INJURY (AT HOME, EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI home home Old Forge Rd. Hagerstown, Maryland WHILE AT WORK Autopsy X 22a. I certify that I took charge of the remains described above, held an Accident X Suicide Undetermined manner Notural causes TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 5/16/79 SIGNATURE Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 23d, LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r. NAME OF CEMETERY OR CREMATORY STATE COUNTY (SPECIFY) May 18,1979 Security Process Crem. Cremation Balt., Maryland 24. FUNERAL DIRECTOR Minnich Funeral Home **DHMH - 17** (VR A15 ME (5) 415 E. Wilson Blvd., Hagerstown, Md. 21740 15M 7/76

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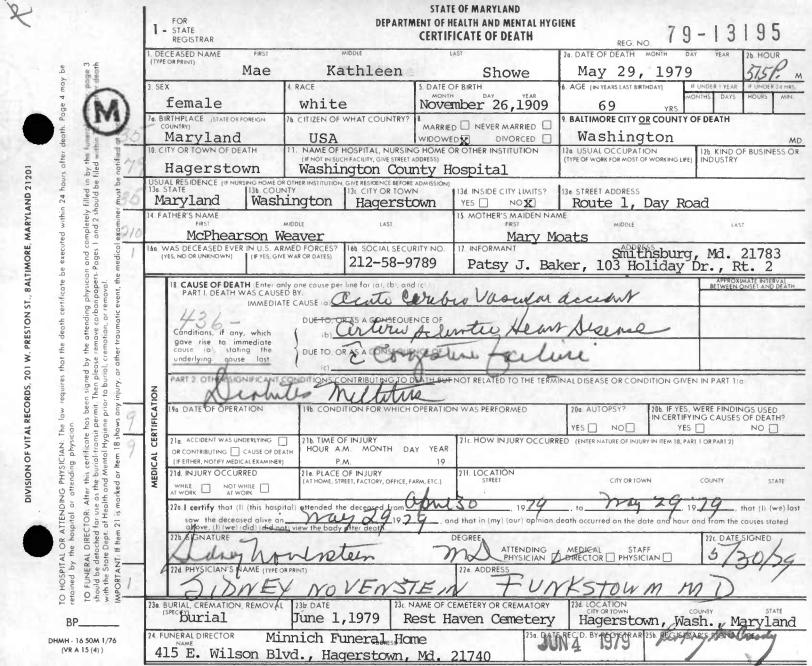
STATE OF MARYLAND

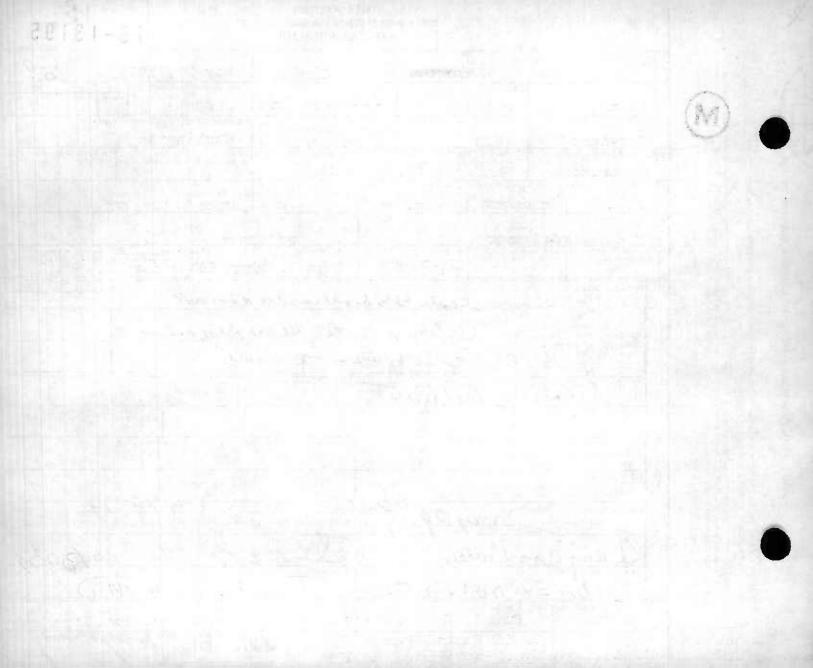
18-13185 Combess Sulvius and May 5, 1879 7845 Lucia Stat , the main man Political Land State Sta the state of the s 211-10-/136% . 14 ... 15: . 5:15. Hell ET TO VEN UT LE . 12 the property of the contract o

| | FOR | | | DEPART | STAT MENT OF H | | ARYLAN AND MI | | IYGIEN | | | | | | |
|---------------|---|---|--|--|--------------------------|-----------------|--------------------|------------------|------------|----------------------------------|----------------|---------------|--|-------------------------|-----------------------|
| | STATE REGISTRAR | | | MEDICAL | EXAMIN | ER'S C | ERTIFIC | CATE | F DEA | TH | REG. | A | 319 | 93 | |
| | CEASED NAME | FIRST | | MIDDLE | 9 1 | L | AST | | | a. DATE | KNOWN | | H DAY | YEAR | 26, HOL |
| 1117 | | | (1/9/ Ron | al Lee | | Sı | HIVES | sr | | OF DEATH | ESTI- MATED | MA' | v 7 | 19 79 | 6:3 |
| 3. SEX | ALE | White | 5. DATE OF B MONTH 3/09/4 | DAY YEAR | 6. AGE (IN YEA | Y) MONTH | DER 1 YR. | IF UNDER | | RONOUN DEAD | CED MA | MONTH | 7 | YEAR 19 79 | 7:2 |
| FO | IRTHPLACE (STA DREIGN COUNTRY) aryland | TE OR | | 76. CITIZEN OF WHAT COUNTRY? U.S.A. 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR CO | | | | | | | | | OUNTY OF DEATH | | |
| 10. C1 | agersto | | 11. NAME OF | HOSPITAL, NU | TREET ADDRESS) | | | | 12a. USU | AL OCCUP OST OF WORK NINIS | ATION (T | YPE OF WORK | ORK 12b. KIND OF BUSINESS OR INDUSTRY Mack Truck | | |
| 13a, S | TATE ryland | 13b COU | or other institute NTY hin gtor | 13c CITY | BEFORE ADMISSION OR TOWN | | 3d INSIDE CI | TY LIMITS? | 13e. STRE | ET ADDRES | 2 | | | | |
| 14. F/ | ATHER'S NAME | | MIDDLE | | 1.07 | | 15. MOTHE | R'S MAID | EN NAME | | n Du F | | | | |
| | Bruce | | E. | Shiv | res | 7.1 | | lna | | Lou | ise | | Mi | îler | |
| 16a. V | | EVER IN U.S. A | RMED FORCES? | 16b. SOC | CIAL SECURITY | NO. | 7. INFORA | MANT | 2.00 | | ADDRES | SS | | | |
| | No | (IF TES, GN | E WAR OR DATES | 213 | 3 40 44 | 68 | Phyll | is M | . Shi | ves | same | e as | 13. | | |
| | 18. CAUSE OF | TH WAS CAUS | anly ane cause pe ED BY: ATE CAUSE (a) | |), and (c).) C ARRES | T DU | E TO | | | | | | BETW | PROXIMATE VEEN ONSET | INTERVAL AND DEATH |
| | gave rise | , if any, whice to immediate tating the under | b DUE TO | O, OR AS A CON | ACUTE ISEQUENCE O | AND S | BUBACI | | | | CHEMI | С | 1 | 0 YR | 3. |
| z | | | (c)_ | | TEO TO THE TERMIN | | | I GIVEN IN PA | RT 1 (a). | | | | | | |
| CERTIFICATION | 19a. DATE OF C | PERATION | 19b. CC | NDITION FOR | WHICH OPERA | ATION WA | S PERFOR | MED? | | ST. | | | | UTOPSY? | |
| | 210 EXTERNAL UNDERLYING CONTRIBUTIN | | HOUR | AE OF INJURY A.M. MONTH P.M. | DAY YEAR | 21c. HO | W INJURY | OCCURRE | D LENTER N | ATURE OF INJU | URY IN ITEM I | 18 PART TOR F | | ES 🛣 | NO [] |
| MEDICAL | 21d. INJURY OF WHILE AT WORK | CURRED | 21e. PL/ | ACE OF INJURY T, FACTORY, FARM, E | (AT HOME, | 21f. LOC STI | ATION | | | CITY OR TOW | /N | C | OUNTY | | STATE |
| | 22a I certify death resulted ACTUAL SIGNATURE | of fram Not | ural causes X | Accident Co. L | Di Ho | Autapsy | Hamic TITLE (SI | PECIFY) PUTY 217 | Undete | Inquiry rmined man | INER NG TO | | LED M | AY 8 | 197 |
| | EXAMINER'S N | AME FD | WARD W. | | | | | | | | | | | | |
| - | (TYPE OR PRIN | () | WARD W. | | | | DDRESS_ | | | | RYLA | ND | | | |
| 23a.Bl | EXAMINER'S N (TYPE OR PRIN' URIAL, CREMATI PECIFY) | () | | 23c. N | NAME OF CEM | ETERY OR | CREMATO | | 23d. LO | ATION RTOWN | RYLA | co | unty inat | | Md. |

Υ. OT SUCTATIONS TO . 100 27 THE COLUMN THE REAL PROPERTY OF THE PARTY OF . 4 4 E ASSET TRAZE TREATS DISTRIBUTED TO SHEET

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HOURS 09 060 BIRTHPLACE ISTATE OF FOREIGN COUNTRY) VE SOI ILES, PA. IZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED akapus error DIVORCED 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Klephone Co Refired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 WALFEST DENGE SERVICE ING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Washington CITY OR TOWN 13d INSIDE CITY LIMITS? Hagerstown YES Dunka Dun Unknown 15 MOTHER'S MAIDEN NAME MIDDLE MI SHARROW 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT ADDRESS Rockville, Md. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Simmons 30 Court House Sq. G. Wm. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IS DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate couse 101, stating underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 TO CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? Ö IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211. LOCATION à 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE morked NOT WHILE WHILE AT WORK AT WORK 22a I certify that (1) (this haspital) attended the deceased fram. , that (I) (we) last saw the deceased alive an. __, and that in (my) (aur) apinion death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: HYSICIAN'S NAME ITYMORPHINE 22e ADDRESS th the Hugh M. Frazer 100 Longmeadow Dr. Hagerstown, 0 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE STATE Washington, D.C. Cedar Hill Cemetery Burial 5/29/79 BP. Tyson Wheelen Funeral Home, In 250 DATE REC'D. BY REGISTRAR 256. REGISTRAP'S 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) 331 Rockville Pike Rockville, Md.





| ١. | FOR STATE REGISTRA |
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nage 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 79-1 | 31 | 96 |
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| 1 | REGISTRAR | | CER | RTIFICATE OF DEATH | REG. NO. | 9-13 | 130 |
|---------------|---|---|---|---|--|----------------------------------|----------------------------|
| | DECEASED NAME FIR | ST MI | DDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 2b HOUR |
| |] | Mary Ca | atherine | SMITH | May 12, 19 | 979 | 9:45 R |
| | SEX | 4 RACE | | ATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | IF UNDER 24 HRS HOURS MIN. |
| | Female | White | J. | an. 31, 1909 | 70 _Y | RS DATS | HOURS MIN. |
| 70 | BIRTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF W | A MA | RRIED NEVER MARRIED | BALTIMORE CITY OR COU | | MD |
| 9 | CITY OR TOWN OF DEATH Hagerstown | 11. NAME OF HO | | ME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Housewife | 12b. KIND C NG LIFE) INDUSTRY | OF BUSINESS OR |
| 13 | SUAL RESIDENCE (IF NURSING H 0 STATE Maryland | OME OR OTHER INSTITUTION, O COUNTY Washington | ive residence before admiss 3c CITY OR TOWN Funkstown | 13d INSIDE CITY LIMITS? YES NO | 130 STREET ADDRESS Balt | imore St. | |
| 14. | FATHER'S NAME GEORGE | MIDDLE | Sanders | 15 MOTHER'S MAIDEN NA | ME MIDDLE | Į AS | ST |
| | a WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF Y | (ES GIVE WAR OR DATES) | 66 SOCIAL SECURITY N 214-09-5155 | | | Baltimor | e St. |
| CEPTIEICATION | | | | BUT NOT RELATED TO THE TERM | 20a AUTOPSY? 20b. I | FYES, WERE FINDIR | NGS USED |
| | | | | | YES NO NO | ERTIFYING CAUSES YES | NO [] |
| | | OF DEATH HOUR A.M | MONTH DAY YE | EAR 19 | RED (ENTER NATURE OF INJURY IN ITEA | 18, PART 1 OR PART 2) | |
| MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PŁACE O (AT HOME STREE | F IN JURY ET, FACTORY, OFFICE, FARM, ETC | 21f LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| | 22a I certify that (I) (The saw the decease of above. | we on May 1 | 2 1079 | 405) 25, 19 79, ond that in (my) (****) opinion | , | hour and from the | |
| | The SIGNATURE | ge V/w | omanI | DEGREE M.D ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 22c. DATE | SIGNED. |
| | George (| C. Newman, | | | ., Hagerstown, | Md. 217 | 40 |
| 23 | o. BURIAL, CREMATION, REM | OVAL 236. DATE 5- 15- | | OF CEMETERY OR CREMATORY Hill Cemetery | Hagerstown, | Wash. Co | |
| 24 | John H. Bast, | Jr. Boor | nsboro, Md. | 21713 25a. DAT | E REC'D. BY REGISTRAR 256. RE | GISTONE'S UGNAT | McCredy |

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

TO FUNERAL DIRECTOR: After etoined by the hospitol

IMPORTANT: If Item 21 is morked or Item 18 shows on should be detoched for use os the buriol-transit permitwith the State Dept. of Health and Mental Hygiene pri

| 00101-0 | | 1000 | Live Sells | | |
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| . de omanició | Table 10 | | | | Samuel Sa |
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FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 7/77

(VR A 15 (4))

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 26 HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS. 9. BALTIMORE CITY OR COUNTY OF DEATH 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home Paulsgrove Mr. I. Frank Snyder, Chewsville, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 70h. IF YYS, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES I NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE (our) apinian death accurred on the date and have and from the causes stated 27s. DATE PHYSICIAN DIRECTOR PHYSICIAN Smithsburg, COUNTY Smithsburg Cemetery Wash., Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE MODRES avo Funeral Home. Smithsburg

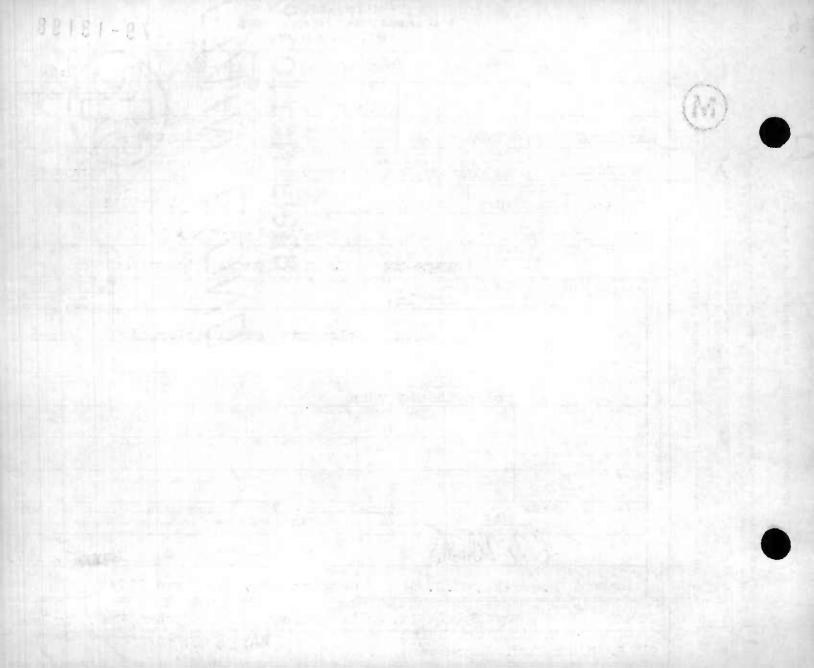
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FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



| | STATE OF MARYLAND | |
|--|--|----|
| | 1- STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE | |
| | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 9 - 1 3 1 3 3 | |
| | 1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 26. HOUR OF ESTI- | R |
| SE. SE. RS. RS. ET, | WALTER DALE STEELE DEATH MATED - MAY 291079 1145 | M |
| PLEASE ECTOR. FILES. HOURS STREET, | 3. SEX 1. RACE, 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 24 HOUR | R |
| 1080Z | M W MAR 21 38 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD MAY 30 1979 1220 | |
| (AA) | 76. BIRTHPLACE (STATE OR 78. CITIZEN OF WHAT COUNTRY? 18. | _ |
| 474 | FOREIGN COUNTRY) MARRIED NEVER MARRIED WIDOWED DIVORCED NOTE: The state of the state o | |
| w | WASTON MD | 2. |
| FILED 301 V | (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY | |
| N BE P | USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TO PREMIUM CONST. | _ |
| SET | 136. COUNTY 136. COUNTY 136. CITY OR TOWN 136. INSIDE (11Y LIMITS? 136. STREET ADDRESS | |
| 2, AND 3 TO 3. RETAIN P SHOULD BE NI RECORDS, | MARYLAND WASH, CLIENKSPRING YES NO A 191-D - | |
| RM PM 3. I AND 2 SI OF VITAL | 14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE LAST | |
| AGES I AND OF V | WALTER EDWIN STEELE JULIA IRENE MIXERS | |
| ES 1 AN | 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR ORDATES) 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS RO-2 | |
| ISIO | NO 216-38-1000 MRS. SMIRLEY STEELIS CHEARSPAIN | n |
| WITH FOR | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN DAYSET AND DEATH | = |
| ZE. | PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (SSI2) Water ve hide recent with Another water relicle Suden | 1 |
| ALONG PERMIT FGIENE, | Due TO, OR AS A CONSEQUENCE OF | |
| SIT | Conditions, if ony, which | |
| EXAMINER EXAMINER SIAL-TRANS MENTAL HOR REMOV | gove rise to immediate (b) | - |
| AL-1 ME | lying couse lost. | |
| SZZ | (c) | = |
| E USED AS A BUR OF HEALTH AND IAL, CREMATION, C | PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | |
| EALT | 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART) OR PART 2) | |
| | 3 In Date of Operation In Condition for which operation was performed? 20 AUTOPSY? | |
| RAL | YES NO | |
| MEN | 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 217. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | |
| ART. | UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 45 P.M. MAY 29 19 77 HELLOW COLLISION WITH Track Trails 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.) STREET SITYORTOWN COUNTY. STATE | |
| RIO | 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STREET CITY OR TOWN COUNTY STATE | |
| E G | | |
| 20 | | |
| 2120 | AT WORK AT WORK MITENSTATION BY 1 U.S. 81 Nr. HAYONSTON WASH MID | |
| THE STAT | AT WORK AT WORK MITENSTOTIC BI U.S. 81 Nr. Hayerstow Wash MD 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion | |
| TH THE STAT | AT WORK AT WORK MITENSTATION BY 1 U.S. 81 Nr. HAYONSTON WASH MID | |
| WITH THE | AT WORK AT WORK MORE MOSTATE B U.S. 81 Nr. Harastine Wash MD 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry and in my opinion death resulted from: . Accident . Suicide . Homicide . Undetermined monner . TITLE (SPECIFY) | |
| WITH THE | AT WORK AT WORK MOSTATE BI U.S. 81 Nr. Hagerstow WASH MD 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my opinion death resulted from: . Accident . Suicide . Hamicide . Undetermined monner | |
| LD BE FOR SIRECTOR: FOUTH THE STATEMENT THE STATEMENT THE STATEMENT THE STATEMENT STAT | AT WORK AT WORK MONTH AT WORK MONTH AT WORK MONTH AT WORK AT WORK MONTH | |
| WITH THE | AT WORK AT WORK MORE MOSTATE B U.S. 81 Nr. Harastine Wash MD 22a. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry and in my opinion death resulted from: . Accident . Suicide . Homicide . Undetermined monner . TITLE (SPECIFY) | |
| WITH THE | AT WORK AT WORK MORE MOSTATE B U.S. 81 Nr. Harastine Wash MD 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from: ACTUAL SIGNATURE M.D. TITLE (SPECIFY) EXAMINER'S NAME H. NI WEEKS ADDRESS HAYES TOO WICH | |
| WITH THE | AT WORK AT WORK MORE MOSTATE B U.S. 8 No. Harperstow Wash MD 22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: ACTUAL SIGNATURE M.D. MEDICAL EXAMINER SIGNED MAY 30 79 EXAMINER'S NAME H. NI WEEKS ADDRESS HAVE TO WAS 123a. BURIAL CREMATION, REMOVAL 12 DATE 23c. NAME OF CEMETERY OR CREMATORY 123d. IOCATION COUNTY STATE | |
| 46 FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND, | AT WORK AT WORK MEDICAL EXAMINER SIGNED MAY 30 79 22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: ACTUAL SIGNATURE MEDICAL EXAMINER SIGNED MAY 30 79 EXAMINER'S NAME H. NI WEEKS ADDRESS HAYE Flow Wid 23a. BURIAL, CREMATION, REMOVAL DATE STATE 23a. BURIAL, CREMATION, REMOVAL DATE STATE 23a. BURIAL, CREMATION, REMOVAL DATE STATE | |
| DIRECTOR WITH THE | AT WORK AT WORK MONTH MONTH MID 22a. I certify that I took charge of the remains described above, held on Autopsy I inspection I inquiry and in my apinion death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME H. NI WEEKS ADDRESS ADD | |

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

19-13200 Manual all and bey great

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

79-13201

| - | | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. NO. | 19- | 136 | . 0 1 | |
|--|---------------|---------------------------------|-----------------------------------|----------------------------|---------------------------------------|-------------|-------------------------------|--------------------------------|---------------|-----------------|-------------------------|--------------|-------|
| | | CEASED NAME | FIRST | ^ | MIDDLE | - (| AST | 20. DATE OF | | ONTH DAY | Y YEAR | 26 HOUR | |
| | (1776 | OR PRINT) | Lottie | F | earl | T | eeters | May | 17. 19 | 979 | | | м |
| 4 | 3. SEX | X | | 4 RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEA | | AY) IF | UNDER I YEAR | IF UNDER 2 | MIN. |
| 9 | | Female | | Whit | e | | 25, 1906 | 7 | 2 | YRS | | HOOKS | min |
| ğ | | RTHPLACE (STATE C | R FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMOR | E CITY OR | COUNTYC | FDEATH | 127 | 14500 |
| 5 | | Maryland | | USA | | WIDOWE | DIVORCED | | ingtor | | | | MD. |
| ò | 10 CF | ITY OR TOWN OF E | DEATH | 11. NAME OF H | HOSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 12a USUAL O (TYPE OF WORK I | | | 12b. KIND C INDUSTRY | F BUSINES | SOR |
| 7 | | lagerstow | | | ngton Cou | | Hospital | House | ewife | | | | |
| d | | AL RESIDENCE (IFN STATE | 136 COUN | 1IY | GIVE RESIDENCE BEFORE | | 13d. INSIDE CITY LIMITS? | 13e. STREET A | | | | | |
| IJ | | ryland | Wasl | nington | Maugansv: | ille | YES X NO | | Counti | ry Sid | e Driv | 78 | |
| - | 14. FA | ATHER'S NAME FIRST | | MIDDLE | LAST | | FIRST | AME | WIDDLE | | LAS | 51 | |
| O | 14 11 | Willia | | usp soposso | Smith 165 SOCIAL SECU | DITYNIC | Maude 17. INFORMANT | | ADDRES | | Showe | | |
| | | VAS DECEASED EV | | WAR OR DATES) | | | | | Route | | Box] | | |
| | - | No | - | | 213-24-94 | - | William L. T | eeters | Hager | rs tow | m, Md | DWATE INTERV | /Al |
| | | 18 CAUSE OF DE PART I. DEATH | WAS CAUSE | D BY: | line for (a), (b), and | 1 | | | | | BETWEEN | ONSET AND D | EATH |
| | | 2200 | IMMEDIA1 | TE CAUSE (0) | | 413 | Julminat | 1 | 30.7 | | | | |
| | 90 | 2227 | an inhiah | DUE TO, O | R AS A CONSEQUE | NCE OF | 1 | | | | 1 | | |
| Conditions, if ony, which gove rise to immediate | | | | | | | | | | | | | |
| couse (a), stating the underlying cause last | | | | | | | | | | | | | |
| | | PART 2. OTHER S | IGNIFICANT (| CONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | MINAL DISEASE | OR CONDI | TION GIVEN | IN PART 1 | 01 | |
| | CERTIFICATION | Diaba | etes me | elitus | . L. | com. | schoolic He | 1 Ctu | saure. | 241 | | | |
| 1 | CAT | 190 DATE OF OPE | RATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTO | | | WERE FINDING CAUSES | | |
| 1 | RTIFI | 21 | | | | 200 | | YES | NO | YES | 8 | NO 🗌 | |
| 1 | CE | 210. ACCIDENT WAS | | 216. TIME O HOUR A. | FINJURY M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RRED (ENTER NATI | JRE OF INJURY | IN ITEM 18, PAR | (1 OR PART 2) | | |
| 7 | MEDICAL | (IF EITHER, NOTIFY ME | DICAL EXAMINER) | P. | м, | 19 | | | - 100 | | 30000 | | |
| | MED | 21d INJURY OCC | T WHILE | 21e PLACE (AT HOME, STE | OF INJURY REET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATION STREET | | CITY OR TOWN | | COUNTY | STA | TE |
| | | AT WORK AT | WORK - | | | 29 4 | () | 2 | 7 304 - | | 50 | | |
| | | | (I) (this hospi eased alive an | PR / W. B. S. | deceosed from | Mary Co. | nd that in (my) (our) apinion | death accurred | on the date | e and hour o | | that (1) (w | 1 |
| | | 27h STONATURE | (I (did) (did no | t) view the bady | offer death. | | DEGREE | | |) | 226 DATE | | |
| | | STOR SHOW | 1 | 7 | 5 | 104 | ATTENDING . | MEDICAL | STAFF | | 211 | | 79 |
| | | 22d, PHYSICIAN'S | NAME | TRINII | | | 220 ADDRESS | DIRECTOR [| _ PHYSICIA | AN L | 12 | (09 | -) |
| | | W | · M. | F- en | nder | | 138 €. And | tie tom | St. 7 | togers | toen | Md | -1 |
| | 230 B | BURIAL, CREMATIC | N, REMOVAL | | | NAME OF C | EMETERY OR CREMATORY | 23d. LOCA CITY OR | TOWN |) (| OUNTY | STAT | TE |
| | | Burial | | 5-21- | 79 Cer | dar L | awn Memorial | Pk Hage | GISTRARIZA | Nas | hingt | on. M | da |
| | | UNERAL DIRECTOR | | 3 17 | ADDRESS | | 250. DA | AALL a . | | B. REGISTR | AK S SIGNA | UKB | |
| | A. | h. Colim | an run | eral Hon | ne, Inc. Ha | gerst | own, ma. | 1AY 22 | 1979 | Time | Trans Med | The B | |

nrial 5-7-7; Teder Issa Paurial II. Burreton, Buriancos, B.

REG NO

IF UNDER 1 YEAR

OAYS

IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH Washington County

12h KIND OF BUSINESS OF INDUSTRY

Potomac St.

Spriggs

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN LNS

vrs.

vrs.

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES [NO [

COUNTY

STATE

22c DATE SIGNED

STATE

Wash. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH-16 20M (VRA 15, 4) 7/78

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

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BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

79-13204

| REGISTRAR | | | | *************************************** | TORIL OF DE | | | REG. NO | O. " | 0 | | | |
|---|----------------|--|---|---|-----------------|--------------|-------------------------------------|------------------|--------------|----------------|------------|----------|-------------------|
| DECEASED NAME | FIRST | ٨ | AIDOLE | l | AST | To be less | 2a. DATE OF | DEATH | HTMOM | DAY | YEAR | 2b. HO | UR |
| | ames | G: | ibson | TR | RENARY | | May | 26, | 1979 | | | | м |
| 3. SEX | 4. | RACE | | 5 DATE C | | | 6. AGE (IN YEA | RS LAST BIRT | HDAY) | | OER I YEAR | | ER 24 HRS |
| Male | 13.0 | Whi | ite | Octo | ber 24, | 1918 | | 60 | YRS. | MONTH | OAYS | HOURS | MIN |
| O. BIRTHPLACE (STATE OR FO | REIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 | | - | 9 BALTIMORE CITY OR COUNTY OF DEATH | | | | | | |
| COUNTRY) Maryla: | nd | U.S.A | 4. | WIDOWE | D NEVER MA | RCED | Wash | ingt | | MD. | | | |
| 18 CITY OR TOWN OF DEA | тн 11 | | HOSPITAL, NURSIN | | OR OTHER INSTIT | UTION . | 12a USUAL O | | | | b. KIND C | | IESS OR |
| Smithsburg | | Route | | NDDRE331 | | | Storekeeper Potor | | | | | | Ed. |
| USUAL RESIDENCE IF NURSI | NG HOME OR OT | | GIVE RESIDENCE BEFORE | | 13d INSIDE CIT | / I IAAITS 2 | 13e. STREET AI | DDDESS | 884 | 100 | | | |
| Md. | Was | | Smithsbu | | | 10 🖺 | Route | | Box 3 | 387 | | | |
| 4 FATHER'S NAME | MID | 015 | LAST | | 15. MOTHER'S A | | WE | | | | | | |
| Gibson | MID | - | Trenary | | Les | | | MIDDLE | | | Car | ico | |
| 60 WAS DECEASED EVER | N U.S. ARME | D FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMAN | T | | ADDRE | SS | | 100 | | |
| yes | WW | II | 213-12-7 | 230 | Mrs, E | Eva L. | Trenar | y, S | miths | sbur | g, M | d. | |
| 18 CAUSE OF DEATH | - Enter only | one couse per | line for (a), (b), and | dicid | | | | | | | APPROX | ONSET AN | ERVAL ID DEATH |
| PART I. DEATH W. | AS CAUSED I | | Probable | e Ve | ntricul | ar F | ibrill | atio | n | | ins | tan | t |
| 14797 | | | | | | | | | | | | | |
| 7010 | | | R AS A CONSEQUE | | | | | | | - 17 | | | |
| Conditions, if any, | | (b) Hypertensive or Arteriosclerotic DUE TO, OR AS A CONSEQUENCE OF Cardiovascular Disease | | | | | | | - | 5 yrs. | | | |
| couse (a), stating | | DUE TO OF | AS A CONSEQUE | NCE OF | Cardiov | rascu | lar Di | sea | se | | | | |
| underlying cause | lost | 1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | - | | | |
| PART 2 OTHER SIGN | LIEIC ANT CO | NDITIONS CO | NITRIBUTING TO F | EATH BUT | NOT BELATED T | O THE TERM | INIAI DISEASE | ORCON | DITIONIC | IVENI IN | DART 1 | | |
| | | | | 2011 | THO I NECATED I | O THE TERM | WAL DISEASE | OK COIV | 51110140 | I V E I V II V | I I ANI II | | |
| 190 DATE OF OPERAT | ION | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFOR | AED | 20a AUTOP | SY? | | | RE FINDI | | |
| NO DATE OF OPERAT | | -197 | | | | | YES 🗆 | поП | | YES T | CAUSES | OF DEA | |
| 21g. ACCIDENT WAS UND | - | 21b. TIME O | | | 21c HOW INJU | IRY OCCURR | ED JENTER NATU | JRE OF INJUS | Y IN ITEM 18 | , PART 1 O | OR PART 2) | | |
| | | HOUR A. | M. MONTH DA | YEAR | | | | | | | | | |
| (IF EITHER, NOTIFY MEDICAL 21d. INJURY OCCURR | | 21e. PLACE C | *** | | 211 LOCATION | 1 | | | | | | | |
| WHILE NOT WH | ILE | AT HOME, STR | EET, FACTORY, OFFICE, FA | ARM, ETC.) | STREET | | | CITY OR TOW | N | CC | YINUC | | STATE |
| 22a.1 certify that (I) | |) attended the | e deceased from | June | 8 | 19 57 | to M: | av 2 | 6. | 107 | q | that (I) | (3%) Inst |
| sow the decease above, (1) (w | | | | 9 | nd that in (my) | | death occurred | on the de | ate and he | our and | from the | couses s | toted |
| 22b. SIGNATURE | (did not) | view the body | ofter death. | | DEGREE | | | | | 13 | 22c. DATE | SIGNED |) |
| Charles & | a | - 1 | an . | 201 | ATT ATT | ENDING | MEDICAL DIRECTOR | STAF | FIANI | 4 | 5.28 | -79 | |
| 22d. PHYSICIAN'S NA | ME (TYPE OR PE | RINT) | 73 | 10 | 22e. ADDRESS | TSICIAIN UN | DIRECTOR | J FIITSIC | IAIN [] | | 220 | 1) | |
| Charles | F. He | ess. M | . D. | | P.O. 1 | 30x 2 | 48, Sm | ith | sbur | g. | Md : | 2178 | 83 |
| 230. BURIAL, CREMATION, I | | 23b. DATE | THE RESERVE | AME OF C | EMETERY OR CR | | 23d. LOCAT | ION | | - | | | |
| (SPECIFY) Buria | 1 | May 20 | 02222 | | | | CITY OR | | | COUN | ** | | STATE |
| 24. FUNERAL DIRECTOR | 2 | - | | ol na | ven Cem | 25g. DATE | E REC'D. BY RE | cerst GISTRAR | | | SIGNAT | | |
| NAME . | uneral | X. | Smithabi | 77.00 | 1.3 | 100 | 757 | | 1 | ita | 4/10 | Les | dy |
| TWATO L | unelal | Home, | Smithsbu | IIg, I | ld. | No. | MY 31 | 1979 | 100 | 7 | | | |

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| | | A.M. Moder | mun .osa | Puretol Jones | |

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| STATE OF MARYLAND |
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| DEPARTMENT OF HEALTH AND MENTAL I |
| ATTOTICS ATT AT BEATTI |

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| | 1- | STATE REGISTRAR | | | DEPART | | EALTH AND MENTAL HYG ICATE OF DEATH | SIENE | REG. NO. | 9 - | 132 | 0 0 |
|----|--------------------------------|--|--------------|-----------------------|--------------------------|--------------|--|------------------|-----------------|---------------|-----------------|-------------------------|
| | | CEASED NAME | FIRST | | MIDDLE | L | AST | 2a. DATE OF D | | ITH DAY | Y YE AR | 25 HOUR |
| | (1112 | | INI | A | R. L | WA1 | LPER | 1 | MAY | 10, | 1979 | 4:351 |
| | 3. SE. | | | 4 RACE | | 5. DATE C | OF BIRTH | 6. AGE (INYEAR | S LAST BIRTHDAY | | UNDER I YEAR | |
| | 4 | male | 16.0 | whi | te | MONTH | 1604 94 | 84 | | YRS. | NTHS DAYS | HOURS MIN |
| 13 | 7a. BI | RTHPLACE (STATE OR I | OREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE | CITY OR C | | FDEATH | . 1 |
| 0 | 1 1 | | ZNITA | USA | | WIDOWE | | | Maa | runa | Toxill | stray " |
|), | 10 C | TY OR TOWN OF DE | | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 12a USUAL OC | | 1 | 126 KIND (| OF BUSINESS OF |
| 0 | 14 | GERSTOW | U, mo. | COLTOI | 1 | | SING HOME | REGIST | | | INDUSTRY Hea | lth Car |
| 10 | U5U, | AL RESIDENCE (IF NUR | SING HOME OR | | GIVE RESIDENCE BEFORE | E ADMISSION) | | | | , , , , , , | L IICU. | LCII Ca. |
| 4 | | .Va. | | kelev | MARTINE | - | 13d INSIDE CITY LIMITS? | 915 (| Cloha: | n St | | |
| | 14. FA | THER'S NAME | | | | JUDICE | 15 MOTHER'S MAIDEN NA | ME | | | | |
| 17 | | DAZZD | 1 | HIDDLE BZNSO1 | U | 40 | Mary | | ate | 1 | Cope | nhaver |
| 0 | | VAS DECEASED EVER | | MED FORCES? | 166 SOCIAL SECU | IRITY NO. | 17. INFORMANT | //- es/ | ADDRESS | 520 | W.Ste | ephen s |
| 5 | | No | | | 236-14- | 4068 | George M. | Tabler- | - Mar | tins | bura | . W. Va |
| | | 18 CAUSE OF DEA | TH (Enter on | ly one couse pe | | | | | | | | XIMATE INTERVAL |
| | | PART I, DEATH V | | D BY: 'E CAUSE (0) | P | nenn | nonition | | | | 2 | 7 den |
| М | DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | 150 | | |
| | Conditions, if ony, which | | | | | | | | | 2 | -3da | |
| | | gove rise to im | | DUE TO O | DR AS A CONSEQUENCE OF | | | | | | | |
| | | underlying causi | e lost | (c) | | | ASCVO | | | | | y |
| | | PART 2 OTHER SIG | NIFICANT | ONDITIONS C | ONTRIBUTING TO I | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE (| OR CONDITION | ON GIVEN | IN PART 1 | 01 |
| | CERTIFICATION | LTL | , Dr. | Jety 1 | tallities | | | | | | | |
| h | CAT | 190 DATE OF OPERA | TION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20g AUTOPS | | | WERE FINDE | NGS USED S OF DEATH? |
| 1 | TIE | | | | | | | YES N | 10 🗷 | YES | CAUSES | NO X |
| 0 | CER | 21a. ACCIDENT WAS UN | | 21b. TIME C | FINJURY M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATUR | E OF INJURY IN | ITEM 18, PART | I OR PART 2) | |
| 1 | AL | OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC | | | M. MOITH D | 19 | | | | | | |
| | MEDICAL | 21d INJURY OCCUR | | | OF INJURY | | 211. LOCATION | | ITY OR TOWN | | COUNTY | STATE |
| | 2 | AT WORK AT W | ORK | (AI HOME, SI | REET, FACTORY, OFFICE, F | ARM, ETC.) | JINGE | | ITT OR TOWN | | COOMY | STATE |
| | | 22a. F certify that (I | (this hospi | tal) attended th | e deceased from_ | The | 19.197 | 6. to 5 | .10. | , 19 | 79 | that (I) (we) las |
| | | sow the deceos | ed alive on | 5. | | 79 , on | d that in (my) (aur) apinion | death accurred | on the date o | and hour o | nd from the | couses stated |
| | | 226. SIGNATURE | | | | | DEGREE | | | | | SIGNED |
| | | Garage Co. | Va | Tray- | • | M | ATTENDING PHYSICIAN D | MEDICAL DIRECTOR | STAFF | | 5. | 11,79 |
| i | | 22d. PHYSICIAN'S N | | | | | 22e ADDRESS | | | | | |
| 1 | 00 | VASANT | DAT | TA | | | 1600 OAK HIL | CAVE, H | MACER | 5701 | NIME | 2174 |
| | 23a F | BURIAL, CREMATION | REMOVAL | 236. DATE | 23c N | NAME OF C | EMETERY OR CREMATORY | 123d. LOCATA | ON | - | | |
| | | Burial | , | | | | le Cemetery | CITY OF TO | NWN | ira | Berke | eley W |
| | 1 | TUL TUL | | TILLY T | - 1 - 1 + L(| Joeua | Te celle cer) | LIGHT | | 71 | | 1 |

DHMH - 16 50M 1/76 (VR A 15 (4))

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12,197\$Rosedale Cemetery

________815 W.Kig St 250.DM/
Martinsburg, W.Va. 24 FUNERAL DIRECTOR

BYREOUSTRAR 256. REGISTRARS

10-1-01 The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH 26 HOUR ERINE WASHING-701 4 RACE 3 SEX AGE (IN YEARS LAST BIRTHDAY) HOURS To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland Washington County WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Housewife DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Washington Hagerstown 649 Forrest Drive 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST Unknown Grace NMN Stewart 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 17 INFORMANT 166 SOCIAL SECURITY NO (YEL NO OR UNKNOWN) I (IF YES, GIVE WAR OR OATES) 215-20-8686 Vernell Washington- 424 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY CELL CARCINOMA OF PANCREAS DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate tot, stating DUE TO, OR AS A CONSEQUENCE OF underlying cause 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG CERTIFICATION a aveme prior 190 DATE OF OPERATION 20b IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? ă Hygier Shov 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 0 71e PLACE OF INJURY puq CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK _, and that in (my) (our) opinian death occurred on the date and haur and from the causes stated 40 be detoched to e Stote Dept. DEGREE 22c. DATE MEDICAL + ATTENDING \ STAFF FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN'S NAME (TYPE OF PRINT) 22 ADDRESS Charles R. Chaney M 119 King St £ Hagerstown, Md 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE (SPECIFY) RoseHill Cem. Md. Burial Hagerstown Wash. 24 FUNERAL DIRECT 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 1/75 (VRA 15(4))

to the state of th . 19 Market Market State of the Control o . Dil descript interior and and fill one in the second

STATE OF MARYLAND

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| om. Anderson, Anderson, 4.2. | | 5-29-79 (LB 1) L Bo by Inc. Lare | | forms |

415 E. Wilson Blvd., Hagerstown, Md. 21740

(VR A 15 (4))

STATE OF MARYLAND

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STATE OF MARYLAND

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| 100 | | FOR STATE REGISTRAR | | DEPARTA | MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE 7 9 | -132 | 12 | |
|----------|----------------------|--|------------|-----------------------------|--|---|-----------------|------------------|---|
| M) | Roth | 1 DECEASED NAME (TYPE OR PRINT) | Mary | Estella | WHITE | May 5 19 | 979 | 26 HOUR 12;05 | |
| ge 4 | ors after a | 3 SEX Female | | 1 RACE White | May 23,1907 | 6 AGE (IN YEARS LAST BIRTHDAY) 71 YRS. | IF UNDER 1 YEAR | IF UNDER 2 | |
| eath. Pa | n 72 hau if ance. | 70. BIRTHPLACE (STATE COUNTRY) Marvland | OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNT Washington | Y OF DEATH | | N |

Maryland CITY OR TOWN OF DEATH Hagerstown

34 CITY OR TOWN

ancock

Carr

WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Washington County Hospital

YES

Homemaker 13d. INSIDE CITY LIMITS?

NO [

13e STREET ADDRESS 121 West Main Street

MIDDLE

(TYPE OF WORK FOR MOST OF WORKING LIFE)

12a USUAL OCCUPATION

McLaughTin

INDUSTRY

Home

12b. KIND OF BUSINESS OR

Albert to WAS DECEASED EVER IN U.S. ARMED FORCES (YES, NO OR UNKNOWN)

Maryland

14 FATHER'S NAME

(IF YES, GIVE WAR OR DATES)

Washington

(IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

16b SOCIAL SECURITY NO 215 20 9647

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

17 INFORMANT Arthur R. White

Meda

ADDRESS

same as 13.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY carcinomatosis, primary site Abdominal 3 months undetermined DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION

22a I certify that (1) (this haspital) attended the deceased from

90 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

THE PHYSICIAN'S NAME INTERNET

21d INTURY OCCURRED

21b. TIME OF INJURY MONTH HOUR A.M.

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

DAY YEAR 19

ATTENDING

YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

STATE

(our) opinion death accurred on the date and hour and from the causes stated

22c. DATE SIGNED

22 ADDRESS

and that in

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

211. LOCATION

Antietam St., 23d. LOCATION

MEDICAL

ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN [

200 AUTOPSY?

NOCX

CITY OR TOWN

STAFF

Nagerstown. Washington Hancock

Burial

77h SIGNIATUR

Charles

23a. BURIAL, CREMATION, REMOVAL

23b DATE 5/97/79

Spencer, M.D.

St. Thomas Episcopal

DHMH - 16 50M 1/76 (VR A 15 (4))

BP.

MPORTANT: IF The

should be detached

FUNERAL

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certificate nd Mental Hygi

haspital

Item 18 shaws

MEDICAL

9-18212 Albert Strategick District Company (See 1997)

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|---|---|---|--|
| 7 | | | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1- | • STATE REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. NO. | 19-13 | 213 |
|--|--|--|-----------------|---------------------------|-----------|-----------------------------------|---|--|---|
| | | CEASED NAME FIRST | ٨ | AIDDLE | L | AST | 20 DATE OF DEATH MONT | TH DAY YEAR | 2b HOUR |
| | (TYPE | Myrtle | | V. | WIBE | BERLEY | May 17, 1 | 979 | 7P.M |
| | 3. SE | | 4 RACE | E-102 | S. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | |
| | f | female | whit | e | July | 17, 1904 AR | 74 | YRS. | MOUKS MIV. |
| e . | | IRTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8 AARDIE | D NEVER MARRIED | 9 BALTIMORE CITY OR CO | OUNTY OF DEATH | |
| ot or | | Maryland | US | SA | WIDOWE | | Washington | | MD. |
| ified | | ITY OR TOWN OF DEATH | (IF NOT IN SUC | H FACILITY, GIVE STREET | ADDRESS) | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR | | OF BUSINESS OR |
| p / 7 | | Hagerstown | | gton Cour | | ospital | | | |
| must be | 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Wash | | 130 CITY OR TOWN Hagersto | N | 13d. INSIDE CITY LIMITS? YES X NO | 13. STREET ADDRESS Was | A Shington S | Apt. 5 St. |
| Il Sominer | 14 FA | Peter | MIDDLE | Brindol | lph | 15 MOTHER'S MAIDEN NA/ | WE | L/ | AST |
| 00 | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDRESS | | 1 |
| event, the medica | | (# 165, 017 | L WAN ON DATES! | Jan Maria | | Harold E. Wil | oberley, Jr., | Hagerstow | m, Md. |
| injury, ar other troumotic | z | Conditions, if ony, which gove rise to immediate couse iol, stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT | (b) | R AS A CONSEQUE | NCE OF | | inal disease or condition | DN GIVEN IN PART I | O years |
| ui kuo sm | CERTIFICATION | 19a DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | | . IF YES, WERE FIND CERTIFYING CAUSE YES [7] | |
| Item 18 sha | OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING PLANS A.M. MONTH DAY TEAK 19 | | | | | | TES 140 | | МО |
| orked or | WED | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | EET, FACTORY, OFFICE, F | | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| 121 is m | | sow the deceased alive or above. # (we) (did) (did) | 5-1 | 7- 19/ | | nd that in (my) (our) opinion | deoth occurred on the dote o | nd hour and from the | , that (ttp. (we) lost e couses stated |
| PORTANT: If Item 21 is morked or Item 18 | | SILLIM 1 | N.tt. | Zur | .(' | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 2 | 18-79 |
| STAN | | 22d. PHYSICIAN'S NAME (TYPE C | 1 |) | | 22e ADDRESS 998 P | otomac Avenue | | |
| Od / | | Dalton M. Welt | y, M.D. | | | Hager | stown, Maryla | nd 21740 | |

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumofic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

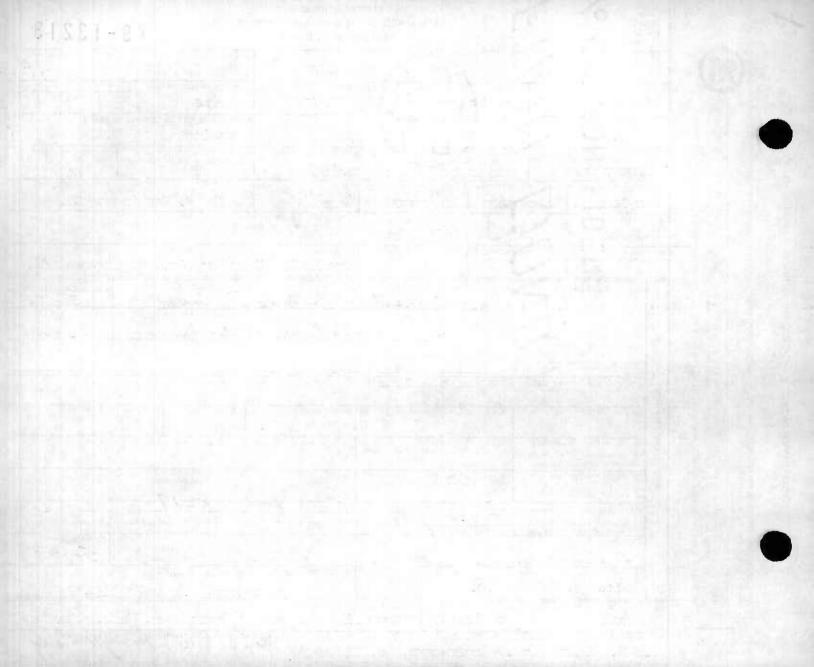
230. BURIAL, CREMATION, REMOVAL burial

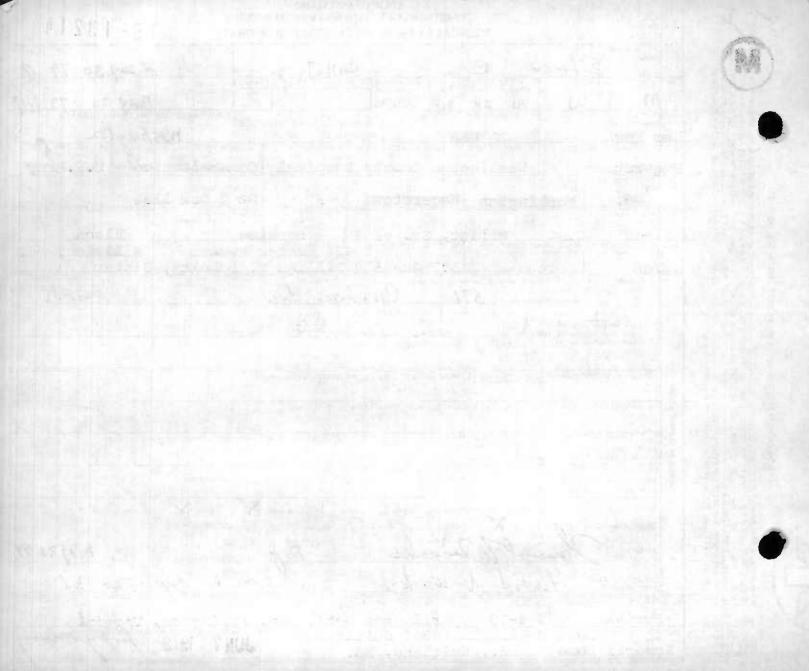
May 19,1979

Rose Hill Cemetery

Hagerstown, Wash., Maryland

4 FUNERAL DIRECTOR Minnich Funeral Home 415 ME. Wilson Blvd., Hagerstown, Md. 21740 24 FUNERAL DIRECTOR





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|---|---|---|
| V | M | igned by the attending physician and completely filled in by the furnial director, page 3 |
| | 7 | 80 |
| - | a. | - |
| | uires that the death certificate be executed within 24 hours ofter dear frage 4 | igned by the attending physician and completely filled in by the furnish director, pa |
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| | FOR STATE REGISTRAR | DEPART | MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH | REG. NO. | 79-13215 | | | |
|---|--|--|---|---|---|--|--|--|
| | I. DECEASED NAME FIRST [TYPE OR PRINT] Gabri | el NAN V | VOLLSCHLAGER | May 11, 197 | 9 YEAR P. | | | |
| | Male | White | S. DATE OF BIRTH Sept. 22, 1909 | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN | | | |
| C | 76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | U.S.A. | MARRIED NEVER MARRIED WIDOWED DIVORCED | Mashingt | | | | |
| 1 | Boonsboro | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Reeders Memor | | 126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN SALESMAN | moving & | | | |
| | USUAL RESIDENCE IF NURSING HOME 130 STATE 130 COL Maryland BAT | | NN 134. INSIDE CITY LIMITS? | 2910 Hiss | storage Avenue | | | |
| / | 14 FATHER'S NAME FIRST UNKNO | MIDDLE LAST | 15 MOTHER'S MAIDEN NAI | ME MIDDLE | LAST | | | |
| 1 | 160 WAS DECEASED EVER IN U.S. A 1455, NO OR UNKNOWN) 11F YES, GI | INE WAR OR DATES) 195-07- | | RECORDS | | | | |
| | Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT | DUE TO, OR AS A CONSEQUENCE TO TO THE TOTAL TO THE TOTAL TO THE TOTAL TO | H2600 | MAL DISEASE OR CONDITION | GIVEN IN PART 1(0) | | | |
| | 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 196 CONDITION FOR WHICH | H OPERATION WAS PERFORMED | | YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO | | | |
| | OR CONTRIBUTING CAUSE OF D | 216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN | | | | | | |
| , | 22a I certify that (I) (this has sow the deceased alive a above, (I) (see level) (did r | or PRINT) OR PRINT) ZER, M.D. | DEGREE ATTENDING PHYSICIAN [2] 270 ADDRESS | medical staff physician adow Dr., Hag | 1979 that (I) (we) last hour and from the causes stated 22c. DATE SIGNED 5-//-79 gerstown, Md. | | | |
| | 230 BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL | 5-15-79 P | NAME OF CEMETERY OR CREMATORY ARKWOOD (EM. | PARKVILE | COUNTY 21740 | | | |

TO FUNERAL DIRECTOR: should be detached with the State Dept IMPORTANT: If Item

DHMH-16 20M (VRA 15, 4) 7/78

BURIAL
24 FUNERAL DIRECTOR
NAME

ADDRESS 8800 HARFORD RD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SSIGNATURE

Coll Circle College Co

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8/4 Date | Date

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| 1- | FOR STATE REGISTRAR | | | | CERTIF | ICATE OF | MENTAL HY | | REG. NO. | 79 | - 133 | 7 6 | |
|---------------|---|------------------------------|-----------------|---|-------------|---------------------|------------------------|-------------------|--|--------------|-------------------------------------|-----------------------------------|-----|
| | CEASED NAME | FIRST | N | AIDDLE | | AST | N. S. | 20 DATE C | OF DEATH MO | HTM | DAY YEAR | 2b. HOUR | |
| | | Ruth | Ja | ne | Z | eller | | | . 5 | 3 | 30 79 | 4 2 | AM |
| 3 SE | x | 4 | RACE | | 5. DATE C | | WF - B | 6 AGE (IN | YEARS LAST BIRTHDA | | IF UNDER 1 YEA | | - |
| | Female | | White | | 2 | 15 | 13 | | 66 | YRS. | MONTHS DAY | HOURS MIN | 7 |
| | RTHPLACE (STATE OR FO | DREIGN 7 | b. CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER | MARRIED A | 9 BALTIM | ORE CITY OR | COUNTY | OF DEATH | | |
| | Marylan | | USA | | WIDOWE | D [] | NORCED [| 199.0 | Washing | rton | County | 7 | MD. |
| | ty or town of dea lagerstown | ATH 1 | (IF NOT IN SUCI | HOSPITAL, NURSING HEACILITY, GIVE STREET A LINGTON CO | DDRESS) | | | | L OCCUPATION ORK FOR MOST OF WI NE | | | OF BUSINESS (| OR |
| 13a S | AL RESIDENCE (IF NURS STATE Md. | Washi | TY. | GIVE RESIDENCE BEFORE | y | YES (2) | NO [| IJe STREET | ADDRESS Dewey | Aver | nue | | |
| 14. F.A | Harry | | ionia C • | Zeller | , St. | 15 MOTHER | ouella | AME | M. | | Highb | arger | |
| | VAS DECEASED EVER res. NO DE (INKNOWN) NO | IN U.S. ARM IF YEL GIVE Y | | 217-28-7 | 10001100 | 17. INFORM | ANT | | ADDRES5 | | | | |
| | PART I DEATH W | MAS CAUSED | BY CAUSE (a) | ine for (a), (b), one | alo | September 1 | tille | lie | - | r . | METWEE | 1 | H. |
| | Conditions, if any, gave rise to im- couse (a), statin- underlying cause | nediate og the | DUE TO, OH | Papella | | luca | uem | orner. | right | oce | | Comme | |
| NO | PART 2 OTHER SIGN | | Cubere | elecer w | EATH BUT | NOT RELATE | | MINAL DISEA | | IONCH | EN IN PART | 1(0) | |
| CERTIFICATION | 3/9/79 | WHILE NOT WHILE | | tion for which | // | WWAS PERF | a act | YES [| NO | NCERTIF | S, WERE FIND FYING CAUSE S [] | NO [| |
| | OR CONTRIBUTING | | | M. MONTH DA | Y YEAR | 2)c. HOW I | NJURY OCCUP | RRED (ENTER P | HATURE OF HUJURY IF | N ITEM 18, P | PART 1 OR PART 2) | | |
| MEDICAL | WHILE . L NOT W | | | OF INJURY EET, FACTORY, OFFICE, F | ARM, ETC.) | 21f. LOCAT STREE | | | CITY OR TOWN | | COUNTY | STATE | |
| | 220.1 certify that (1) saw the decease above, (1) (we') | ed alive an_ | 5 | 129 19 | 79.0 | nd that in (my |) (our) opinion | , to | red on the dote | and hou | | that (I) (we)† e couses stated | |
| 0 | 22b. SIGNATURE | lun | A. E. | Uller | - | DEGREE | ATTENDING PHYSICIAN | MEDICA DIRECTO | L STAFF R PHYSICIA | и 🗆 | | 30/79 | |

PHYSICIAN'S NAME (TYPE OR PRINT)

239 N. Potomac St., Hagerstown, Md. 21740

John R. Marsh, M.D.

23d. LOCATION CITY OR TOWN

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 5/31/79 Remova 1

23c. NAME OF CEMETERY OR CREMATORY

COUNTY

BP. DHMH - 16 50M 7/77 (VR A 15 (4))

IMPORTANT: If Item 21 is marked or Item 18 shows an

24. FUNERAL DIRECTOR Anatomy Board

ADDRESS Balto., Md.

STATE